

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30875

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 151	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>33</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		53	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>313 N Washington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELBERT</u>		b. (Middle) <u>CITZENDEN</u>		c. (Last) <u>Trauw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9/13 49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 17 1875</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>Artist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Identity</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co. S</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Milton S. Trauw</u>		13b. MOTHER'S MAIDEN NAME <u>Lena M. Sellers</u>		14. NAME OF HUSBAND OR WIFE <u>Eva B. Steffens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss E. C. Trauw Lebanon Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				<u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u>				<u>4 years</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>11-20-1</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19 <u>47</u> , to <u>9-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-13</u> , 19 <u>49</u> , and that death occurred at <u>11:56 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gene Carrington M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lebanon</u>		23c. DATE SIGNED <u>9-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon mo</u>	
DATE REC'D BY LOCAL REG. <u>9-16-1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. Day</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>C. Raburs</u>		ADDRESS <u>Lebanon mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 28 1949

Received  
Laclede County Health Unit  
File No.  
Date Filed

Received SEP 20 1949  
Laclede County Health Unit  
File No. 9-49-134  
Date Filed SEP 20 1949

SEP 26 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.