

No. 300
10. 48

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5333

44411

State File No.

290
1

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 7 Registrar's No. 53-1

1. PLACE OF DEATH a. COUNTY <u>DADE</u>		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DADE</u>	
b. CITY OR TOWN <u>RURAL GRANT</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ROAAN GRANT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural give location) <u>0290</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CAROLINA</u>	b. (Middle) <u>MONISE MARIE</u>	c. (Last) <u>VONSTROHE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 23-1952</u>
-------------------------------------	----------------------------	---------------------------------	----------------------------	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>NOV 26-1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Days <u>27</u>	IF UNDER 10 HRS. Hours Min.
-----------------	-------------------------------	---	-------------------------------------	---	--------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>SOHANNABURG ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE
-----------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Schneider</u>	ADDRESS <u>Lockwood, Mo</u>
--	-------------------------------------	---	-----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4500</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 11-2-1950, to 12-22-1952, that I last saw the deceased alive on 12-22-1952, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Combs M.D.</u> (Degree or title)	23b. ADDRESS <u>Lockwood Mo</u>	23c. DATE SIGNED <u>12-21-52</u>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>DEC 21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IMMANUEL</u>	24d. LOCATION (City, town, or county) (State) <u>Lockwood DADE Mo</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-11-53</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rob. Hainschild</u> ADDRESS <u>Lockwood</u>
---	---	---

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

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. L. Hainsfield

Licensed Embalmer No. 3234

P. O. Address Lakewood Ill

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.