

FILED DEC 14 1953

Dr. Kanagawa

STANDARD CERTIFICATE OF DEATH

State File No. 38584

344

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|--|--|---|--|--|---------------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>77</u> | | PRIMARY REG. DIST. NO. <u>3016</u> | | Registrar's No. <u>344</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | | c. LENGTH OF STAY (in this place) <u>60 yrs</u> | | c. CITY OR TOWN <u>Jefferson City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>214 Manilla</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> | | | b. (Middle) <u>Frederica</u> | | c. (Last) <u>Drechsler</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 1953</u> |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Sept-25-1867</u> | |
| 9. AGE (In years last birthday) <u>86</u> | | 10. 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 (City and State or Foreign Country) <u>Morgan County, Mo</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Peter Hansen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marie Budde</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>F. W. Drechsler</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. T. Ferguson, Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mon.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis genua</u> <u>3 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>4200</u> | |
| 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) (m.) | | 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 <u>12/10, 1950</u> , to <u>12/9, 1953</u> that I last saw the deceased alive on <u>12/5, 1953</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>D. J. Kanagawa</u> | | | | 23b. ADDRESS <u>1 Danbrey Bldg</u> | | 23c. DATE SIGNED <u>12/9/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec-11-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 9-53</u> | | REGISTRAR'S SIGNATURE <u>R. P. Norris MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Ford</u> | | ADDRESS <u>Jefferson City, M</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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1786*
P. O. Address *Jeff City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.