

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38691

State File No.

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 36

0361

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Union</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 S. Oak St.</u>		e. STREET ADDRESS (If rural, give location) <u>204 S. Oak St.</u>	
3. NAME OF DECEASED a. (First) <u>Rosie</u> b. (Middle) <u>H.</u> c. (Last) <u>Leran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 13th 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>December 23 1892</u>
9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Union MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman Leran</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Birke</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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>498-22-4740</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B. G. Stuhlman M.D.</u> ADDRESS <u>Union, 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 sclerotic cardiac vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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 <u>9-10</u> , 19 <u>53</u> , to <u>11-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. G. Stuhlman</u>		23b. ADDRESS <u>Union, Mo</u>	
23c. DATE SIGNED <u>11-19-53</u>		24. NAME OF CEMETERY OR CREMATORY <u>Concordia</u> LOCATION (City, town, or county) (State) <u>Union, Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/20/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Concordia</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 19-1953</u>		REGISTRAR'S SIGNATURE <u>J. L. Cooper</u> <u>ep 980</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Ottmann</u>		ADDRESS <u>Union, Mo</u>	

(JAN 27 1955) AUG 28 1954

AUG 30 1954

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 not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. F. Oltramani

Licensed Embalmer No. 1686

P. O. Address Union, N.J.

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.