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

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12589

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Missouri Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cape Gir.
c. CITY OR TOWN: Jackson
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 124 Lilly

3. NAME OF DECEASED (Type or Print)
a. (First): Augusta
b. (Middle): Mae
c. (Last): Straub

4. DATE OF DEATH (Month) (Day) (Year): May 6 1956

5. SEX: Fe
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 30 1886
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Pocahontas, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Milas Adams
13b. MOTHER'S MAIDEN NAME: Emma Stephenson
14. NAME OF HUSBAND OR WIFE: August C. Straub

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.: ~~[illegible]~~
17. INFORMANT'S SIGNATURE OR NAME: Archie Adams
ADDRESS: Jackson, Mo.

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) Cerebral thrombosis recurrent — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Severe myocardial damage

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 18, 1956 *to* May 6, 1956, *that I last saw the deceased alive on* May 5, 1956, *and that death occurred at* 6:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Trolinger, MD
23b. ADDRESS: J. H. TROLINGER, M. D. JACKSON, MISSOURI
23c. DATE SIGNED: 5/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9 1956
24c. NAME OF CEMETERY OR CREMATORY: Russell Heights
24d. LOCATION (City, town, or county) (State): Jackson, Mo

DATE REC'D BY LOCAL REG.: 5-10-56
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: L. C. Crawford
ADDRESS: Jackson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

4-0

MAY 28 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene C. Cracraf

Licensed Embalmer No. 43

P. O. Address Jackson,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.