

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26308**

BIRTH NO. _____ REG. DIST. NO. **65** PRIMARY REG. DIST. NO. **4113** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brunswick		c. CITY OR TOWN Brunswick	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 80 yrs.		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) SADIE b. (Middle) E. c. (Last) STAUBUS			4. DATE OF DEATH (Month) (Day) (Year) 8--19 1956		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8--9--1866	9. AGE (In years, last birthday) 90	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME David Maloney		13b. MOTHER'S MAIDEN NAME Mary Drace		14. NAME OF HUSBAND OR WIFE Widow.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. W. Staubus Brunswick, Mo.	

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) Cardio Vascular Disease		DUPLICATE		10 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		18 yrs	
DUPLICATE		DUPLICATE		5 yrs	
DUPLICATE		DUPLICATE		3 yrs	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		443x	
DUPLICATE		DUPLICATE		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 **Sept 1-1956** to **Aug 19-1956** that I last saw the deceased alive on **Aug 19-1956** and that death occurred at **5:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thayer C. Rice M.D.		23b. ADDRESS Brunswick Mo		23c. DATE SIGNED Aug 21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8--21--1956		24c. NAME OF CEMETERY OR CREMATORY Elliott Grove	
				24d. LOCATION (City, town, or county) (State) Brunswick, Missouri.	

DATE REC'D BY LOCAL REP. 8-21-56		REGISTRAR'S SIGNATURE Mildred James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. W. Council Brunswick Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

51-6

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..... *L. W. Keesal*

Licensed Embalmer No. 823

P. O. Address *Brunswick*

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.