

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41091

State File No. ....

FILED JAN 10 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 51

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

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</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 OR TOWN <u>HERMANN MO</u> )	c. LENGTH OF STAY (in this place) <u>12 Days</u>	c. CITY OR TOWN <u>NEW HAVEN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRENE VALLEY NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>036</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRIEDA</u> b. (Middle) _____ c. (Last) <u>GUESE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 5 1956</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>11-13-1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ARRGAN SWITZERLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>GOTTFRIED ZIMMERT</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA KIEBRTZ</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM GUESE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELMER GUESE NEW HAVEN MO.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart 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. <u>Diabetes mellitus</u>		25 yrs	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 11-23, 1956, to 12-5, 1956, that I last saw the deceased alive on 12-4, 1956, and that death occurred at 9:10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carroll T. Shaw, M.D.</u>	23b. ADDRESS <u>Hermann, Mo</u>	23c. DATE SIGNED <u>12-7-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-8-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SENATE GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SENATE GROVE MO.</u>
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DATE REC'D BY LOCAL REG. <u>12/7/56</u>	REGISTRAR'S SIGNATURE <u>Delma Herken</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L.P. Fortney &amp; Son</u>	ADDRESS <u>New Haven Mo</u>
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**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 *Earl C. Gitting*.....

Licensed Embalmer No. *3385*.....

P. O. Address *New Haven*.....

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.