

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006405
State File No.

FILED MAR 14 1958

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. # 51

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

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | | c. CITY OR TOWN <u>Macon</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sanatorium Drive</u> | | f. STREET ADDRESS (If rural, give location) <u>219 Butler St.</u> | |
| 3. NAME OF DECEASED a. (First) <u>GOLDIE</u> | | b. (Middle) <u>MAE</u> | |
| | | c. (Last) <u>ROSENSTANGLE</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1958</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>Oct. 9, 1889</u> | | 9. AGE (In years last birthday) <u>68</u> | |
| 10a. 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>house keeping</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>David Shoush</u> | | 13b. MOTHER'S MAIDEN NAME <u>Etta Cobb</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Earl Rosenstangle, Macon, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</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 | |
| 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>4201</u> | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>Lester Hutton Coroner</u> | | 23b. ADDRESS <u>Macon, Mo.</u> | |
| 23c. DATE SIGNED <u>2/18/58</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>2/17/1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Wood Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>3/7/58</u> | |
| REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> | | FEDERAL DIRECTOR'S SIGNATURE <u>R. G. Bran</u> | |
| ADDRESS <u>Macon, Mo.</u> | | ADDRESS <u>Macon, Mo.</u> | |

Ex. 111
3.17.58

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..... *R. Lester Brun*

Licensed Embalmer No. *447*

P. O. Address *Mason, Pa.*

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.