

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024481
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 4 Primary Registration District No. 4016 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tarkio</u>		c. CITY OR TOWN <u>Tarkio</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>45 yrs</u>	d. STREET ADDRESS <u>600 Elm</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE HENRY TRAUB</u>			4. DATE OF DEATH Month Day Year <u>Jul. 18 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 14, 1882</u>
9. AGE (In years last birthday) <u>76</u>	10. FUNDING YEAR Months Days <u>6 4</u>	11. IF UNDER 24 HRS. Hours Min.	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter-ret'd</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own shop</u>	11. BIRTHPLACE (City and state or country) <u>Tarkio, Mo.</u>
13a. FATHER'S NAME <u>Louie Traub</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Traub</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-36-14371</u>	17. INFORMANT Address <u>Mrs. Minnie Traub Tarkio, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic Cardio-vascular</u> DUE TO (c) <u>Diabetes mellitus</u> <u>260X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>4/30/51</u> to <u>7/18/58</u> and last saw him alive on <u>2/10/58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>Edw. Meyer</u> (Degree or title)	22b. ADDRESS <u>Tarkio, Mo.</u>	22c. DATE SIGNED <u>7/21/58</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>burial</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tarkio Mo.</u>
24. FUNERAL DIRECTOR <u>Davis Funeral Home</u>	ADDRESS <u>Tarkio, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 3, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Thermin V. Schaefer</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57
030
1

430

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 *Frost A. Browning*

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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.