

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42197**

FILED DEC 30 1949

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>44</u>	
c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>FARMINGTON, R. R. 2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>LINN</u> c. (Last) <u>STRAUGHAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC. 23, 1878</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	
11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>			

13a. FATHER'S NAME <u>William STRAUGHAN</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA PINKSTON</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA STRAUGHAN</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BERTHA STRAUGHAN</u> ADDRESS <u>FARMINGTON, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion of artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</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>arterio-sclerosis general</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 1946 to Dec 20, 1949 that I last saw the deceased alive on 12-20, 1949, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold P. Gebert MD</u> (Degree or title)		23b. ADDRESS <u>Deosloye MO</u>		23c. DATE SIGNED <u>12-22-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK VIEW</u>	
				24d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO.</u>	

DATE REC'D BY LOCAL REG. <u>Dec. 22, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Boyer</u> ADDRESS <u>Deosloye MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-27-49

Health Officer No. 4

File Number 1249-16

Date Filed

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 Student Embalmer

Signed B.T. Doyen

Licensed Embalmer No. 3660

P. O. Address Desloge, 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 this body is not embalmed, fact should be so stated above.