No. 300
10.48

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38109

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 33

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

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Fairview
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence R1 Fairview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" 13 0
d. STREET ADDRESS (If rural, give location): R #1 Fairview Mo 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ann
c. (Last): Strick

4. DATE OF DEATH (Month) (Day) (Year): Nov 19 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 1 1867
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 11, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Poland 4
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Joe Guzenski
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Bernard - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Joseph Strick R1 Fairview Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 2 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 33 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 25, 1949, *to* Nov-19, 1949, *that I last saw the deceased alive on* Nov-9, 1949, *and that death occurred at* 5:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. S. McCall MA
23b. ADDRESS: Wheaton Mo
23c. DATE SIGNED: 11/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 22 '49
24c. NAME OF CEMETERY OR CREMATORY: St Peter & Paul Cemetery
24d. LOCATION (City, town, or county) (State): Pulaskifield Mo

DATE REC'D BY LOCAL REG.: 12-3 1949
REGISTRAR'S SIGNATURE: Alpha Dyer 369 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Dillon Funeral Home - Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON Co. HEALTH DEPT.

District File Number 1249-225

Date Filed DEC 8 1949

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.