

The DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12000**

Dr. Carlisle
FILED DEC 22 1949

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 429

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) 48 years		d. STREET ADDRESS (If rural, give location) 1320 SOUTH BROWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1320 SOUTH BROWN STREET		4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1949	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W c. (Last) STRAIN		5. SEX M 6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 8, 1863	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner	
11. BIRTHPLACE (State or foreign country) Orleans, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam D. Strain		13b. MOTHER'S MAIDEN NAME Martha Leith	
14. NAME OF HUSBAND OR WIFE Margaret O. Strain		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ellen Osbourn ADDRESS Sedalia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis-Decompensated. DUE TO (c) Senility and Arterio Sclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yrs.		19a. DATE OF OPERATION None	
19b. MAJOR FINDINGS OF OPERATION Medical treatment only.		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	
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 Over 15 yrs to December 8th, 1949 , and that death occurred at 2:40 p.m. from the causes and on the date stated above.			
23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)		23b. ADDRESS Sedalia, Missouri.	
23c. DATE SIGNED 12-9-49.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) Sedalia, Missouri		DATE REC'D BY LOCAL REG. 12-10-49	
REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE W. Heckart ADDRESS Sedalia, Mo	

(Licensed Embalmer) (Statement on Reverse Side)

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

RECEIVED DEC 12
District Health Officer No. 8,

District File Number _____

Date Filed 12-21-49

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 Frank S. Coffman Jr.

Licensed Embalmer No. 45569

P. O. Address Sedalia, 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.