No. 300
10-48

61

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

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29690

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 439 Morgan St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson 0161
d. STREET ADDRESS (If rural, give location): 439 Morgan

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Andrew
c. (Last): Strong

4. DATE OF DEATH (Month) (Day) (Year): Sept 5 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 12, 1899
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Oak Ridge Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Maston Strong
13b. MOTHER'S MAIDEN NAME: Mary Smith
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Robt E. Godwin — ADDRESS: Jackson, 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): Myo Carditis — INTERVAL BETWEEN ONSET AND DEATH: 1922

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paralysis ~~[illegible]~~
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: ✓ — 1/222

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* Feb, 1923 *to* Sept 9, 1950 *that I last saw the deceased alive on* Sept 9, 1950 *and that death occurred at* 10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. J. L. Seabaugh M.D.
23b. ADDRESS: Jackson Mo
23c. DATE SIGNED: 9-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 9, 1950
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Jackson Mo.

DATE REC'D BY LOCAL REG.: Sept 13-50
REGISTRAR'S SIGNATURE: D. G. Seibert 43
25. FUNERAL DIRECTOR'S SIGNATURE: S. C. Cracraft — ADDRESS: Jackson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 19 1960
STATE HEALTH OFFICE No.
File No.....

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer.

Signed Lane C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, Tenn.

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

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