

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43544

461

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 DELAYED PRIMARY REG. DIST. NO. 3025 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Lawell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>West Plains</u> c. LENGTH OF STAY (in this place) <u>9 mo.</u>		c. CITY OR TOWN <u>Trail</u> <u>0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Liley</u> c. (Last) <u>Strickell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>May 15 1861</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	11. BIRTHPLACE (State or foreign country) <u>Roller, Mo. 0</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>John Strickell</u>		13b. MOTHER'S MAIDEN NAME <u>Levina</u>	14. NAME OF HUSBAND OR WIFE <u>Levina Strickell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Alvin Moggie</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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>Hypertensive Cardio-Renal-Vascular Disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 24, 1949</u> , to <u>Feb. 5, 1950</u> , that I last saw the deceased alive on <u>2-5</u> , 1950, and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Richard A. Smith D.O.</u>		23b. ADDRESS <u>West Plains, Mo.</u>	
23a. SIGNATURE		23c. DATE SIGNED <u>1-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>2-7-1950</u>	
24a. BURIAL, CREMATION, REMOVAL		24c. NAME OF CEMETERY OR CREMATORY <u>Trail Cem.</u>	
24a. BURIAL, CREMATION, REMOVAL		24d. LOCATION (City, town, or county) (State) <u>Trail, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Labretain West Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) Richard Smith

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

7  
2

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 22 1951

Dist. File 157-196

Date Filed 1-22-51

---

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 Robert J. Diago .....

Licensed Embalmer No. 4547 .....

P. O. Address .....

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.