S. No. 300
EV. 10.48

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4579

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wetzel Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Urich 0420
d. STREET ADDRESS (If rural, give location): D

3. NAME OF DECEASED (Type or Print)
a. (First): Theodore
b. (Middle): Clark
c. (Last): Streight

4. DATE OF DEATH (Month) 2 (Day) 13 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): D
8. DATE OF BIRTH: July 2, 1903
9. AGE (In years last birthday): 47 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Urich, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Eathan Allen Streight
13b. MOTHER'S MAIDEN NAME: Lavina M. Chitwood
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): O (If yes, give war or dates of service): O
16. SOCIAL SECURITY NO.: O
17. INFORMANT'S SIGNATURE OR NAME: Edith V. Anderson ADDRESS: Clinton 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) Hypostatic pneumonia due to accident - fell 20 ft from a tree on 2-9-51 — INTERVAL BETWEEN ONSET AND DEATH: 72 hours

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.

E9020

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None done
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Urich, Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-9-51-4 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell 20 ft out of a tree. 0420 D

22. *I hereby certify that I attended the deceased from* 2-9 *, 1951, to* 2-13 *, 1951, that I last saw the deceased alive on* 2-13 *, 1951, and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. R. Turner D.O.
23b. ADDRESS: Urich Mo.
23c. DATE SIGNED: 2-13-51

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify):
24b. DATE: Feb. 15-1951
24c. NAME OF CEMETERY OR CREMATORY: Garden City mo
24d. LOCATION (City, town, or county) (State): Garden City mo

DATE REC'D BY LOCAL REG.: Feb-13-51
REGISTRAR'S SIGNATURE: Florence Adair
25. FUNERAL DIRECTOR'S SIGNATURE: W. J. Brownlick
ADDRESS: mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2.19.51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 2-19-51

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton Ind

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.