

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13003**
Registrar's No. **97**

493
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. 13003		Registrar's No. 97					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper									
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 3 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Carthage		1493							
d. FULL NAME OF HOSPITAL OR INSTITUTION 923 S. Orner				d. STREET ADDRESS (If rural, give location) 923 So. Orner									
3. NAME OF DECEASED (Type or Print) a. (First) Nancy			b. (Middle) Priscilla			c. (Last) STRAINE			4. DATE OF DEATH (Month) (Day) (Year) April 20, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 30, 1864		9. AGE (In years) (Last birthday) 88		IF UNDER 1 YEAR: MONTHS _____ DAYS _____		IF UNDER 10 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 - - -		11. BIRTHPLACE (State or foreign country) St. Clair County, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Alfred Hicks				13b. MOTHER'S MAIDEN NAME Racheal Draper			14. NAME OF HUSBAND OR WIFE John Straine						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME A. J. Straine			ADDRESS Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 3 days					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension						Unknown					
		DUE TO (c) Hypertension and Coronary Arteriosclerosis						Unknown					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Periniplegia due to Cerebral Hemorrhage						about 2 1/2 yrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X											
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)		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 11-23-1948 , to 4-20-1951 , that I last saw the deceased alive on 4-19-1951 , and that death occurred at 7:00A .m., from the causes and on the date stated above.													
23a. SIGNATURE [Signature]				(Degree or title) M. D.				23b. ADDRESS Carthage, Mo.			23c. DATE SIGNED 4-20-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-22-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery			24d. LOCATION (City, town, or county) (State) Eureka Spgs., Ark.						
DATE REC'D BY LOCAL REG. 4-21-51		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature]							ADDRESS Ulmer Funeral Home Carthage, Mo.	

RECEIVED 4-24-51

Jasper County Health Office

County File Number 51/4/342

Date Filed 4-24-51

enlistment

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. _____

Student _____
Student Embalmer

Signed _____

Gene C. Pugh
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.