

MILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20246**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **37**

0422
0

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY c. CITY (If outside corporate limits, write RURAL and give township) CLINTON d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON GENERAL HOSP.	
b. CITY (If outside corporate limits, write RURAL and give township) CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) CLINTON	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 416 N. ALLEN	

3. NAME OF DECEASED (Type or Print) a. (First) HOMER b. (Middle) ALBERT c. (Last) STRAW	4. DATE OF DEATH (Month) (Day) (Year) JULY 11, 1952
---	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH AUG 16, 1876	9. AGE (In years last birthday) 75 MONTHS 10 DAYS 25	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HOURS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FRAMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HENRY CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. N. STRAW	13b. MOTHER'S MAIDEN NAME AMELIA SHOCK	14. NAME OF HUSBAND OR WIFE BETTIE STRAW
--	--	--

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. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bettie Straw	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION		2 WKS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) MYOCARDITIS DUE TO (c)		1 MO. +
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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 **July 7, 1952**, to **11 July, 1952**, that I last saw the deceased alive on **10 July, 1952**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, M.D.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 11 July 1952
---	-------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 12, 52	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM.	24d. LOCATION (City, town, or county) (State) Clinton, Mo.
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. July 22 52	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE H. A. Tansout	ADDRESS Clinton Mo.
---	--	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 *A. Vansant* _____

Licensed Embalmer No. 3779 _____

P. O. Address Clinton, 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.