

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28713
State File No.

SEP 6 - 1952

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4716 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <i>Mc Donald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Mc Donald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Noel (R)</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Noel</i>	
c. LENGTH OF STAY (In this place) <i>One yr.</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>Edward</i> c. (Last) <i>Strawn</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8 - 25 - 52</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2 - 9 - 1889</i>	9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>16</i>	IF UNDER 24 HRS. Hours <i>16</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MERCHANT</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Beverages</i>		11. BIRTHPLACE (State or foreign country) <i>Pauline, Kans.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Will Strawn</i>		13b. MOTHER'S MAIDEN NAME <i>Lavinia Whitlow</i>		14. NAME OF HUSBAND OR WIFE <i>Lura Florence Strawn</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>497-36-2463</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Lura Florence Strawn Noel Mo</i>		ADDRESS	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Heart Disease</i>			<i>3 yrs</i>
	DUE TO (c)			
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 <i>4201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *June*, 1951, to *Aug 25*, 1952, that I last saw the deceased alive on *Aug 25*, 1952, and that death occurred at *4 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J.D. Mountain D.D.</i> (Degree or title)	23b. ADDRESS <i>Noel Mo</i>	23c. DATE SIGNED <i>Aug 26</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>8-26-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Topoka Kans Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Topoka Kansas</i>
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DATE REC'D BY LOCAL REG. <i>8-26-52</i>	REGISTRAR'S SIGNATURE <i>Mayne Humphrey</i>	423-D	25. FUNERAL DIRECTOR'S SIGNATURE <i>E.P. Pratt</i>	ADDRESS <i>William Spork</i>
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WRITE PLAINLY—USING UNFADING BLACK-INK—MAKE A PERMANENT RECORD

SEP 1 1958

FEB 3 1959

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 *E. P. Matt*

Licensed Embalmer No. *3211220*

P. O. Address *Silvan Skogvick*

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.