

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43011**

*To Ulley*  
FILED DEC 22 1952

REG. DIST. NO. **272**

PRIMARY REG. DIST. NO. **4403**

Registrar's No. **17**

BIRTH NO. _____		REG. DIST. NO. <b>272</b>		PRIMARY REG. DIST. NO. <b>4403</b>		Registrar's No. <b>17</b>	
1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Steele</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Steele</b>		9780	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<b>George Charles Stromire</b>							
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<b>11-30-52</b>							
5. SEX <b>M</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>12-27-1879</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>11</b>		IF UNDER 1 YEAR Days <b>3</b>		IF UNDER 4 HRS. Hour <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>New Middle Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Stromire</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah M<sup>c</sup>Callum</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Stromire</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Stromire Steele Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		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) (Min.)	
<b></b>		<b></b>		<b>4201</b>		<b></b>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<b></b>		<b></b>		<b></b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>To Ulley MD</b>				23b. ADDRESS <b>Beytherville Mo.</b>		23c. DATE SIGNED <b>Dec 5, 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>Rural</b>		<b>12-4-52</b>		<b>Oak Ridge</b>		<b>Camden Mo</b>	
DATE REC'D BY LOCAL REG. <b>4/5</b>		REGISTRAR'S SIGNATURE <b>J. P. Cannon</b>		249-105 FUNERAL DIRECTOR'S SIGNATURE <b>Person and Co Steele Mo</b>		ADDRESS	

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

780  
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12-360-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 17 1952

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. ....

Signed John W German  
Licensed Embalmer No. 4355

Signed.....  
Student Embalmer

P. O. Address Hazlet, 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.