

5. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6501

State File No.

FEB 21 1953

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sibley</u>		c. LENGTH OF STAY (In this place) <u>65 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>his own home</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sibley</u>	
		d. STREET ADDRESS (If rural, give location) <u>Haynes Park Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>Strange</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10. 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 23. 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>carpentry</u>	11. BIRTHPLACE (State or foreign country) <u>Sibley, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James B. Strange</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ethel Strange</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-14-3342</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Strange - Sibley, Mo.</u>	ADDRESS <u>Sibley, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis Anasarca</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2900</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>C (COUNTY)</u> (STATE) <u></u>
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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? <u></u>
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22. I hereby certify that I attended the deceased from Oct 1, 1952, to Febr 4, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 4:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>[Signature]</u> MD	23b. ADDRESS <u>Oak Grove, Mo.</u>	23c. DATE SIGNED <u>Febr. 11. 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Febr. 32. 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sibley Cemetery, at</u>	24d. LOCATION (City, town, or county) (State) <u>Sibley Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 12-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomson M. Reppert</u>	ADDRESS <u>Buckner</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1953

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 [Signature]

.....
working under my personal supervision. [Signature] Student Embalmer No. [Signature]

Student [Signature].....
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4 3 1 1

P. O. Address Buckner, 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.