

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14903

State File No. ....

FILED MAY 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5677 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u> <u>0570</u>	
c. LENGTH OF STAY (In this place) <u>30 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi north of Troy mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi north of Troy mo</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi north of Troy mo</u>	

3. NAME OF DECEASED (Type or Print)			DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>none</u>	b. (Middle) <u>NELLIE</u>	c. (Last) <u>STROTHERS</u>	<u>April 8 1953</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov-30 1887</u>	9. AGE (In years of under 1 year last birthday) <u>65</u> <u>4</u> <u>8</u>	IF UNDER 1 YEAR Hours <u>8</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co. Missouri U.S.A.</u>	12. CITIZENRY OF WHAT COUNTRY?
<u>Housewife</u>	<u>Housework</u>		

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Vanbiller</u>	14. NAME OF HUSBAND OR WIFE <u>James Strothers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Strothers</u>	ADDRESS <u>Troy 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, asphyxia, 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) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u>		
DUE TO (c)		<u>20 yr.</u>	
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 <u>526x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Jan 10, 1953 to April 8, 1953, that I last saw the deceased alive on April 8, 1953 and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Ceeck MD</u> (Degree or title)	23b. ADDRESS <u>Troy mo</u>	23c. DATE SIGNED <u>4/8/53</u>
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24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <u>April 11, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Alexander Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County mo</u>
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DATE REC'D BY LOCAL REG. <u>4/30/53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clevee Kertig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>	ADDRESS <u>Troy mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 15 1963

MAY 4 1963

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 Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Jay 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.