

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43774**

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **5891** Registrar's No. **33**

0770

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

1. PLACE OF DEATH a. COUNTY OSARK			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY OSARK		
b. CITY OR TOWN Burns		c. LENGTH OF STAY (in this place) Bridges 17 years	c. CITY OR TOWN Rural		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) 0770 Bridges Township 0		
3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) S. c. (Last) STRONG			4. DATE OF DEATH (Month) (Day) (Year) 12 24 1953		
5. SEX F.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-17-1907	9. AGE (In years last birthday) 46	If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CAMMERON OKLA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Norton		13b. MOTHER'S MAIDEN NAME Caroline Evans		14. NAME OF HUSBAND OR WIFE North Strong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Nora Strong ADDRESS West Plains, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH One mo.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial Nephritis DUE TO (c)				Interval One year
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic of the liver Recovered				Interval 3 yr.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 593X				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)		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 _____, 19 49 , to 12-24 , 19 53 , that I last saw the deceased alive on 12-24 , 19 53 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. J. Korman D. Gainesville, Mo.			23b. ADDRESS		23c. DATE SIGNED 12-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-28-53	24c. NAME OF CEMETERY OR CREMATORY Patrick Cemetery	24d. LOCATION (City, town, or county) (State) OSARK COUNTY MO.		
DATE REC'D BY LOCAL REG. 1-2-54	REGISTRAR'S SIGNATURE Thana Mahan 461		25. FUNERAL DIRECTOR'S SIGNATURE Clint Kinghorn ADDRESS Federal Home		

Levinville, Mo.

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.....
Signature of Student Embalmer

Signed *J. B. Carey*.....

Licensed Embalmer No. *4885*.....

P. O. Address *Laineville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.