

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1921

State File No. _____

FILED FEB 10 1954

382

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5655 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Lawrence</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural McKernon</i>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>McKernon Rt 3</i>		
c. LENGTH OF STAY (in this place) <i>Life-time</i>			d. STREET ADDRESS (If rural, give location) <i>Route 3 0550</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Route 3</i>					

3. NAME OF DECEASED (Type or Print) a. (First) <i>Alice</i> b. (Middle) <i>Jane</i> c. (Last) <i>Strait</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 29 1954</i>		
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>August 18 1869</i>	9. AGE (in years last birthday) <i>84</i>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <i>McKernon Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>James Means</i>	13b. MOTHER'S MAIDEN NAME <i>Mariah Baugh</i>	14. NAME OF HUSBAND OR WIFE <i>David Edward Strait</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Alta Wilson Rt 1 McKernon Mo</i>

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 <i>1 week</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Influenza</i>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>dehilitated by age</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>no operation</i>	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) <i>481 X</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Jan. 24, 1954*, to *Jan. 29, 1954* that I last saw the deceased alive on *Jan. 28, 1954*, and that death occurred at *6:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>P.A. Halmer</i>	23b. ADDRESS <i>McKernon Mo</i>	23c. DATE SIGNED <i>Feb 1 1954</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 1 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Union Cemetery</i>
DATE REC'D BY LOCAL REG. <i>2-6-54</i>	REGISTRAR'S SIGNATURE <i>Carl Hendricks</i>	24d. LOCATION (City, town, or county) (State) <i>Stotts City Mo.</i>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>May 1 1954 McKernon Mo</i>		

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

0.300
0.48

550

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McVernon, 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.