

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5525

State File No.

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5802 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Woodlawn TWBO</u>		c. LENGTH OF STAY (In this place) <u>7 yrs</u>	c. CITY OR TOWN <u>None</u>		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 <u>6 miles south west of Shelbyna, Missouri</u>			• STREET ADDRESS (If rural, give location) <u>0670</u>		
3. NAME OF DECEASED a. (First) <u>Pearlie</u> b. (Middle) <u>Maudé</u> c. (Last) <u>Strachan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1954</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>3-6-1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR: Months <u>11</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Melson</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Lyons</u>		14. NAME OF HUSBAND OR WIFE <u>William Strachan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William Strachan Lentner, Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma right Femur</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				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)		196X
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?		
22. I hereby certify that I attended the deceased from <u>May 10, 1952</u> , to <u>Feb 10, 1954</u> , that I last saw the deceased alive on <u>Feb 10, 1954</u> , and that death occurred at <u>11:30 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph H. Tomczak, M.D.</u>			23b. ADDRESS <u>Shelbina, Mo</u>		23c. DATE SIGNED <u>2/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>2-18-54</u>	REGISTRAR'S SIGNATURE <u>Edna Robertson</u> 471-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkeley & Hawkins Shelbina, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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... *James D. Davis*

Licensed Embalmer No... *H.H.*

P. O. Address *Shelton*

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.