

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

MCCASLIN 19842  
State File No. ....

FILED JUL 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, LITTLE PRAIRIE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEMISCOT MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 MILES N. CANTONWOOD POINT</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>STRAWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29 1954</u>
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>AUGUST 23 1879</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HARDIN CO. TENNESSEE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MANUS STRAWN</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLYN MC CASLIN</u>	
14. NAME OF HUSBAND OR WIFE <u>LENA STRAWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>LENA STRAWN ROUTE #1 CARTHERSVILLE, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Deoxygenation</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4221</u>	
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) (Min)		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>5-25</u> , 1954, to <u>5-29</u> , 1954, that I last saw the deceased alive on <u>5-29</u> , 1954, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Cornel Hasske</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>	
23c. DATE SIGNED <u>5-11-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>5/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PRAIRIE</u>	
24d. LOCATION (City, town, or county) (State) <u>CARTHERSVILLE, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Ed. George Undertaking Co. Caruthersville, Mo.</u>	
DATE REC'D BY LOCAL REG <u>6-23-54</u>		REGISTRAR'S SIGNATURE <u>John W. German</u> 4061	

(Licensed Embalmer's Statement on Reverse Side)

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

7-157-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUL 6 1954

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Caruthersville, 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.