

No. 300
10. 48

410

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26938

State File No. _____

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

410

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5490</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY OR TOWN <u>New Hampton</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>New Hampton</u>		d. STREET ADDRESS (If rural, give location) <u>South Part of New Hampton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South part of New Hampton</u>				d. STREET ADDRESS (If rural, give location) <u>South Part of New Hampton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>STRUNKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1954</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5 1893</u>	9. AGE (In years last birthday) <u>71</u>	UNDER 1 YEAR (Months) (Days) <u>1 25</u>	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sidney Strunks</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Strunks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-09-6898A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Strunks</u> ADDRESS <u>New Hampton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Trachea</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u> ANTECEDENT CAUSES DUE TO (b) <u>metast in lungs.</u> <u>1 year.</u> DUE TO (c) _____ 2. 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>Ca. Trachea.</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) <u>Albany</u> <u>Harrison</u> <u>MO.</u>			
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 <u>Jan</u> , 19 <u>54</u> , to <u>Aug 30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-30</u> , 19 <u>54</u> , and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>For and R. H. Rose, M.D.</u>		23b. ADDRESS <u>Albany, MO.</u>		23c. DATE SIGNED <u>8-31-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 1 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>New Hampton MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble & son</u> ADDRESS <u>New Hampton MO</u>					
DATE REC'D BY LOCAL REG. <u>9-1-1954</u>		REGISTRAR'S SIGNATURE <u>Edith Cornelson</u>		116-			

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W H Noble

Licensed Embalmer No. 2904

P. O. Address

New Hampton 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.