

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33413

BIRTH NO.		REG. DIST. NO. 82	PRIMARY REG. DIST. NO. 3017	Registrar's No. 94
1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (in this place) All of life	c. CITY OR TOWN Boonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION At home 746 Fourth St.		e. STREET ADDRESS (If rural, give location) 746 Fourth St. 0275		
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) F	c. (Last) Stretz	4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14 1889	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Engineers Corp	10b. KIND OF BUSINESS OR INDUSTRY River Boats	11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Edward Stretz		13b. MOTHER'S MAIDEN NAME Bertha Schmitt	14. NAME OF HUSBAND OR WIFE Clara B. Haley Stretz.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen Stretz, Kansas City, Missouri.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had an attack of Pulmonary congestion about 9 months ago.		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days 9 months
19a. DATE OF OPERATION 6		19b. MAJOR FINDINGS OF OPERATION 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) diagonal	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) his home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville Cooper Mo.		
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? he was sitting in chair at his home & had attack of cardiac failure		
22. I hereby certify that I attended the deceased from Jan. 15, 1953, to Nov. 3, 1954, that I last saw the deceased alive on Jan 15, 1954 and that death occurred at 1:00 P. M., from the causes and on the date stated above.				
23a. SIGNATURE Dr. W. E. Stone		(Degree or title) M. D.	23b. ADDRESS Boonville Mo.	23c. DATE SIGNED 11-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 6 1954	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 11/6/54	REGISTRAR'S SIGNATURE [Signature] 381-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 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.....
Signature of Student Embalmer

Signed *G. F. Boller*

Licensed Embalmer No. *3067*

P. O. Address *Boonville*

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.