

REC'D NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. HANSS 37098  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1060

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	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 <u>BURGE HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>1043 E. CHEROKEE</u> <u>08440</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAURICE</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>STRONG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 21 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> MARRIED	8. DATE OF BIRTH <u>JUNE 24 1907</u>
9. AGE (In years last birthday) <u>47</u>	10. 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</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MARYVILLE, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HOWARD STRONG</u>	13b. MOTHER'S MAIDEN NAME <u>PEARL LIVASON</u>
14. NAME OF HUSBAND OR WIFE <u>MAXINE STRONG</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MAXINE STRONG</u>		ADDRESS <u>SPRINGFIELD, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Hypertension</u> INTERVAL BETWEEN ONSET AND DEATH <u>sev. yrs.</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. <u>Cerebral apoplexy</u> <u>24 hrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</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)	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>March 1954</u> to <u>Nov. 21 1954</u> that I last saw the deceased alive on <u>August 1954</u> and that death occurred at <u>5:10 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Lohmeyer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>11-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARYVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MARYVILLE, MO.</u>
DATE REC'D BY LOCAL REG. <u>11-22-54</u>	REGISTRAR'S SIGNATURE <u>Paula Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u>	

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

APR 19 1955

JUL 17 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

1960

Signed..... *Lane A. Acute*

Licensed Embalmer No. 473

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.