

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38308

State File No.

FILED DEC 15 1954

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Arlington Township</u>	
c. LENGTH OF STAY (in this place) <u>D.C.A.</u>		d. STREET ADDRESS (If rural, give location) <u>Old Highway 66</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Mem. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u>	b. (Middle)	c. (Last) <u>STRAWHUN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1954</u>
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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>July 31, 1895</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. & Hospital</u>	11. BIRTHPLACE (State or foreign country) <u>Newburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ed Strawhun</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Tinal</u>	14. NAME OF HUSBAND OR WIFE <u>Della</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>	16. SOCIAL SECURITY NO. <u>488-03-5839</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Della Strawhun</u>	ADDRESS <u>Newburg, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>20 Mins.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of cervical vertebrae and Internal injuries.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Automobile accident.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>E 8101</u> <u>20</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66 West</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps 08 / Mo.,</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 3 1954 7:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile (Struck by Tractor Trailer unit)</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Dead 12/3, 1954, and that death occurred at 8.4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. B. Null</u> (Degree or title) <u>Coroner, Phelps Co.</u>	23b. ADDRESS <u>508 West 8th St., Rolla Mo.,</u>	23c. DATE SIGNED <u>12/4/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 8, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	ADDRESS <u>Rolla, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed DEC 13 1954

DEC 27 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 _____

..... me
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.