

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7004

State File No.

| | | | | | | | |
|---|--|---|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>339</u> | | PRIMARY REG. DIST. NO. <u>6150</u> | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> <u>3</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural New Lisbon</u> | | c. LENGTH OF STAY (in this place) -- | | c. CITY OR TOWN <u>Bloomfield</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Killed near Leora, Mo.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Route # 2</u> <u>1030</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HUBERT</u> b. (Middle) <u>---</u> c. (Last) <u>STRAUSER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1955</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>3</u> | | 8. DATE OF BIRTH <u>Sept. 9, 1920</u> | |
| 9. AGE (In years last birthday) <u>34</u> | | 10. UNDER 1 YEAR Months <u>5</u> Days <u>10</u> | | 11. UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>crop farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Near Swinton, Mo.</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Mo. U.S.A.</u> |
| 13a. FATHER'S NAME <u>Frank Strauser</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nettie Rampley</u> | | | 14. NAME OF HUSBAND OR WIFE <u>-----</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes: World War II</u> | | 16. SOCIAL SECURITY NO. <u>496-14-5704</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nettie Strauser, Bloomfield, 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>Skull fracture and crushed chest</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <u>103</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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>Rural road</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Lisbon Twp. Stoddard, Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hr) (Min) <u>Feb. 19, 1955 10:00 AM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell beneath overturned tractor</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 AM</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Ray W. Gentry</u> <u>Coroner</u> <u>3</u> | | | | 23b. ADDRESS <u>Dexter, Missouri</u> | | 23c. DATE SIGNED <u>2-20-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 21-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>George Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2/24/55</u> | | REGISTRAR'S SIGNATURE <u>490</u> <u>Richard Reed</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, & by Lulu Cooper # 3499....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Juan C. Cooper.....

Licensed Embalmer No. 4119..

P. O. Address Bloomfield.....

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