

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7903

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5459</u>		Registrar's No. <u>258</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Center Twp</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Cleveland Hgts.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 mi N. W. Springfield</u>				No. STREET ADDRESS (If rural, give location) <u>2945 Lee Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELEROY</u>		b. (Middle) <u>LEONARD</u>		c. (Last) <u>STROMBERG</u>	
4. DATE OF DEATH		(Month) <u>MARCH</u>		(Day) <u>20,</u>		(Year) <u>1955</u>	
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>16 June 1911</u>	
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Keene, Nebraska</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Director Training Personnel</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>B. F. Goodrich Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leonard Stromberg</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Paulson</u>		14. NAME OF HUSBAND OR WIFE <u>Joan Stromberg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>American Airlines</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture - broken leg</u>				Inst	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <u>Plane crash</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center Twp. Greene Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 20 1955 P.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>Plane crash</u>			
22. I hereby certify that the deceased <u>the deceased</u> died on <u>on</u> the <u>the</u> date <u>date</u> of <u>of</u> the <u>the</u> causes <u>causes</u> and <u>and</u> on <u>on</u> the <u>the</u> date <u>date</u> stated <u>stated</u> above. <u>above.</u> at <u>at</u> 10:45 P.M. <u>10:45 P.M.</u> from <u>from</u> the <u>the</u> causes <u>causes</u> and <u>and</u> on <u>on</u> the <u>the</u> date <u>date</u> stated <u>stated</u> above. <u>above.</u>							
22a. SIGNATURE (Degree or title) <u>Dr. E. Allen Pickens, Coroner</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>3/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Burial</u>		24b. DATE <u>3-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knollwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mayfield Heights, Ohio</u>	
DATE REC'D BY LOCAL REG. <u>3-25-55</u>		REGISTRAR'S SIGNATURE <u>E. Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield, Mo.</u>			

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Removal-Burial

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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.....
Licensed Embalmer No. 40

P. O. Address.....

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.