

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8018

FILED MAR 8 1955

State File No.

BIRTH NO. 64022-54 REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Chariton 3 mi. e.</u>	c. LENGTH OF STAY in this place <u>3 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Chariton 3 mi. e.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. east Glasgow Hwy 24</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. east Glasgow Hwy 24</u>	

3. NAME OF DECEASED (Type or Print) <u>KAREN LEE STRODTMAN</u>	a. (First) <u>KAREN</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>STRODTMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-55</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Sept 13, 1954</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>5 2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S. a.</u>

13a. FATHER'S NAME <u>Howard Strodtman</u>	13b. FATHER'S MAIDEN NAME <u>Ethel Monning</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, in or unknown) / If yes, give war or dates of service <u>Infant</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Howard Strodtman</u>	ADDRESS <u>Glasgow</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Thymicolympathicus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>273X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from September 1954 to February 15, 1955, that I last saw the deceased alive on Jan. 17, 1955, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. ...</u>	(Degrees or title) <u>410</u>	23b. ADDRESS <u>Glasgow, Missouri</u>	23c. DATE SIGNED <u>2-18-55</u>
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24. BURIAL, CREMATION, REMOVAL (Specify)	24a. DATE <u>Feb 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-18-55</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Audsley</u>	ADDRESS <u>Fremont Glasgow Mo.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

E. W. Richmond

Signed
Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.