

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15486

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4017 Registrar's No. 12

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farber</b> | c. LENGTH OF STAY (in this place) <b>1</b> | c. CITY OR TOWN <b>Farber</b>  | 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.   |  | e. STREET ADDRESS (If rural, give location)  |   |

|                                     |                           |                             |                         |  |
|-------------------------------------|---------------------------|-----------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Charles</b> | b. (Middle) <b>Cattlett</b> | c. (Last) <b>Strong</b> | 4. DATE OF DEATH (Month) <b>May</b> (Day) <b>19</b> (Year) <b>1956</b> |
|-------------------------------------|---------------------------|-----------------------------|-------------------------|--|

|   |                               |   |  |  |                                       |                            |
|---|-------------------------------|---|--|--|---------------------------------------|----------------------------|
| 5. SEX <b>Male</b> <input type="checkbox"/> <input checked="" type="checkbox"/> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>April 24, 1880</b> | 9. AGE (In years (Month) (Day) (Year) (Birthdays)) <b>76</b> | IF UNDER 1 YEAR Months <b>26</b> Days | IF UNDER 2 HRS. Hours Min. |
|---|-------------------------------|---|--|--|---------------------------------------|----------------------------|

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|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Orange, Virginia</b> | 12. CITIZEN OF WHAT COUNTRY? <b>US</b> |
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|--|---|--|
| 13a. FATHER'S NAME <b>Robert A. Strong</b> | 13b. MOTHER'S MAIDEN NAME <b>Rebecca Hughes</b> | 14. NAME OF HUSBAND OR WIFE <b>Anna May Strong</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY <b>709-12-1172</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Anna May Strong, Farber, Mo</b> | ADDRESS |
|--|--|--|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coroners Investigation without jury. The deceased died suddenly in his home without medical aid. Doctor McCall was called but the deceased was dead on his arrival.</b> |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS <b>All evidence shows the deceased did not meet violence, foul play or poison. Death was caused from a heart condition, a heart block.</b>   |  |                                  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | <b>4 330</b>                     |

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) <b>Farber</b> (COUNTY) <b>Audrain</b> (STATE) <b>Missouri</b> |
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|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b> | 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 **Coroners investigation, 19**\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |   |                                 |
|---|---|---------------------------------|
| 23a. SIGNATURE <b>L. C. Adams M.D.</b> (Degree or title) <b>3</b> | 23b. ADDRESS <b>Coroner, Mexico, Missouri</b> | 23c. DATE SIGNED <b>5/19/56</b> |
|---|---|---------------------------------|

|   |                               |   |   |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>May 21, 1956</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Farber Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Farber, Missouri</b> |
|---|-------------------------------|---|---|

|   |   |   |                              |
|---|---|---|------------------------------|
| DATE REC'D BY LOCAL REG. <b>5/21/56</b> | REGISTRAR'S SIGNATURE <b>Mellie Fugua</b> | NO. FUNERAL DIRECTOR'S SIGNATURE <b>William B. Waters</b> | ADDRESS <b>Vandalia, Mo.</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1956

**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 *William B. Natta*

Licensed Embalmer No. *41*

P. O. Address *Vendelin*

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.