

FILED JUL 2 1956

STANDARD CERTIFICATE OF DEATH

State File No. 21262

BIRTH NO. REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarksburg</b>		c. LENGTH OF STAY (in this place) <b>Life</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 <b>No street numbers</b>		e. STREET ADDRESS (If rural, give location) <b>No street numbers</b>	

3. NAME OF DECEASED (Type or Print) <b>Ed</b>	a. (First)	b. (Middle)	c. (Last) <b>Streby</b>	4. DATE OF DEATH <b>June 27th 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 10th 1869</b>	9. AGE (in years last birthday) <b>86</b>	10. F UNDER 1 YEAR Months	11. F UNDER 1 YEAR Days	12. F UNDER 1 YEAR Hours	13. F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Woodwork Shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clarksburg</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George W. Streby</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Arnold</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Streby</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jessie Streby (wife)</b>	ADDRESS <b>Clarksburg, Mo</b>
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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 <b>13 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>asphyxia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis</b>		
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	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) <b>Clarksburg Moniteau Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **June 27 1956** to **June 27 1956**, that I last saw the deceased alive on **June 26 1956** and that death occurred at **SA**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Benion, Jr.</b>	(Degree or title)	23b. ADDRESS <b>California</b>	23c. DATE SIGNED <b>6/27/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 29 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>6 Miles N. Clarksburg, Mo</b>
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DATE REC'D BY LOCAL REG. <b>6/29/56</b>	REGISTRAR'S SIGNATURE <b>H. Papey</b>	FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richards</b>	ADDRESS <b>Tipton, M</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *James E. Richard*

Licensed Embalmer No. *246*

P. O. Address *Tipton*

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.