

No. 300  
10. 48

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24367

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHILLICOTHE</b>	c. LENGTH OF STAY (In this place) <b>2 DAYS</b>	c. CITY OR TOWN <b>RURAL</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 90
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>10 MILES SOUTH OF CHILLICOTHE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>OLA</b>	b. (Middle) <b>B.</b>	c. (Last) <b>STRAIT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 30, 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>WIDOWED</b>	8. DATE OF BIRTH <b>3 SEPTEMBER 1881</b>	9. AGE (In years) (last birthday) <b>74</b>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGHILL, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>WILLIAM STRAIT</b>	13b. MOTHER'S MAIDEN NAME <b>AMANDA WEAVER</b>	14. NAME OF HUSBAND OR WIFE <b>LIZZIE BOON STRAIT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes 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>MRS. MELVIN JACOBS</b>	ADDRESS <b>CHILLICOTHE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute pancreatitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5870</b>			

19a. DATE OF OPERATION <b>7-30-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>neurons of pancreas + metastatic fat</b>	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) _____	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 **July 29, 1956**, to **July 30, 1956** that I last saw the deceased alive on **July 30, 1956**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	23b. ADDRESS <b>Chillicothe, Mo</b>	23c. DATE SIGNED <b>7/31/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-1-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. PLEASANT</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGHILL, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>7/31/56</b>	REGISTRAR'S SIGNATURE <b>Francis B. Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>NORMAN FUNERAL HOME</b>	ADDRESS <b>CHILLICOTHE, MO</b>
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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 *Ellow L. Norman* .....

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe* .....

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.