

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27734**

BIRTH NO.		REG. DIST. NO. <b>248</b>		PRIMARY REG. DIST. NO. <b>5-844</b>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Seneea</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>		c. CITY OR TOWN <b>Seneea</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>07<sup>th</sup> 0</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi. So. of Seneea</b>				• STREET ADDRESS (If rural, give location) <b>2 mi. So. of Seneea</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>Charlotte</b> c. (Last) <b>Strum</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 11, 1956</b>						
5. SEX <b>F.</b>	6. COLOR OR RACE <b>Whit.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Mar.</b>	8. DATE OF BIRTH <b>July 13, 1881</b>		9. AGE (to years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 14 HRS. Hour	IF UNDER 14 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bishop Hill, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Peter Sundberg</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Bjor</b>		14. NAME OF HUSBAND OR WIFE <b>William J. Strum</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, if 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 ADDRESS <b>Wm. J. Strum st 1, Seneea, Mo.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to cerebral Hemorrhage</b> <b>Due to with Hemiplegia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>3 yrs.</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>331X</b>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>Aug. 4, 1956</b> , to <b>Aug 11, 1956</b> that I last saw the deceased alive on <b>Aug 11, 1956</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title?) <b>Tom B. Roberts D.O.</b>				23b. ADDRESS <b>P.O. Box 295 Seneea</b>		23c. DATE SIGNED <b>8/13/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-14-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Seneea Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Seneea Mo.</b>				
DATE REC'D BY LOCAL REG. <b>8-17-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Irene Russell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. E. Reddick Seneea Mo.</b>					

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

AUG 10 1961

AUG 30 1961

AUG 14 1961

RECEIVED

District Health Officer No. *Neutro*

District File Number *856-135*

Date Filed *AUG 21 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 *W E Bell*

Licensed Embalmer No. *217*

P. O. Address *Geneva*

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.