

health, Welfare public service  
 300  
 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms written in reverse. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1872

STATE FILE NUMBER

Registration District No. 392 Primary Registration District No. 5649 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Hiway 37</u> TOWN <u>Hiway 37</u>		c. CITY OR TOWN <u>Pierce City</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles west of Pierce City</u>		d. STREET ADDRESS <u>Rural route 2</u> Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Bernard</u> Middle <u>James</u> Last <u>Strick</u>		4. DATE OF DEATH Month <u>1</u> Day <u>5</u> Year <u>57</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7/28/01</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>zinc mining</u>	11. BIRTHPLACE (City and state or country) <u>Ritchey, Mo.</u>
13. FATHER'S NAME <u>Bernard Strick</u>		14. MOTHER'S MAIDEN NAME <u>Mary Guzenski</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-050-113</u>	17. INFORMANT <u>Mrs. Bernard Strick</u> Address <u>Pierce City</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed chest</u> DUE TO (b) <u>Car accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____			INTERVAL BETWEEN ONSET AND DEATH _____
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>Car turned over throws him out and</u>	
20c. TIME OF INJURY Hour <u>11:17</u> a. m. <u>p. m.</u> Month <u>5</u> Day <u>1957</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>#137 Highway</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>3 mile west of Pierce City Lawrence Mo</u>	
21. I attended the deceased from _____ to _____ and last saw him give on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edwena Wilks Coroner</u>		22b. ADDRESS <u>Pierce City Mo</u>	22c. DATE SIGNED <u>1-7-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>	23d. LOCATION (City, town, or county) (State) _____
24. FUNERAL DIRECTOR <u>Wm Wessell</u> ADDRESS <u>Pierce City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-15-57</u>	REGISTRAR'S SIGNATURE <u>Blake A. Bridges</u>

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by MB....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed R. Gordon Bennett.....

Licensed Embalmer No 421

P. O. Address Bennett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( 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.