

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 23 1957

444113
STATE FILE NUMBER

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1183**

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Buffalo	
c. FULL NAME OF (If NOT in hospital, give location) OZARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If outside, give location) 3 days	

3. NAME OF DECEASED (Type or print) First Fred Middle Stroemer Last Stroemer			4. DATE OF DEATH Month December Day 11 Year 1957		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1875	9. AGE (In years last birthday) 82	10. FUNDER 1 YEAR Months 8 Days 23 Hours 0 Min. 0	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Syracuse, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Arthur Moeller	Address Marxville, Kans
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis		1 hour
DUE TO (c) Arteriosclerosis		Number of years 4 201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure - Onset 4 days prior to death		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour 10:50 Month 8 Day 57 Year 57 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Missouri	COUNTY Greene STATE Missouri
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21. I attended the deceased from 12/8/57 to 12/11/57 and last saw him ^{alive} on December 11, 1957 Death occurred at 10:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Andrew Martiniuk, D.O. 2	22b. ADDRESS 700 E. Sunshine Springfield, Missouri	22c. DATE SIGNED 12/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/14/1957	23c. NAME OF CEMETERY OR CREMATORY Marxville, Cem.	23d. LOCATION (City, town, or county) (State) Marxville, Kans.
24. FUNERAL DIRECTOR Montgomery Funeral Home	ADDRESS Buffalo, Mo	25. DATE RECD. BY LOCAL REG. 12-13-57	26. REGISTRAR'S SIGNATURE Walter Williams

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USING ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lyle Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, Mo.*

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.