No. 300
10-48

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2269

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 30521 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1801 South Grand Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
d. STREET ADDRESS (If rural, give location) 1801 S. Grand Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) AUSTIN
c. (Last) STROLE

4. DATE OF DEATH (Month) (Day) (Year) January 30, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 8, 1882
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY General Carpentry
11. BIRTHPLACE (State or foreign country) Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME P. King Strole
13b. MOTHER'S MAIDEN NAME Lucinda Austin
14. NAME OF HUSBAND OR WIFE Ermine Strole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NOT GIVEN
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ermine Strole, Sedalia, Missouri — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia. Two days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hemorrhage. Last one II-I9-58
DUE TO (c) Cardio- Vascular Disease. Over 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility. Over two years.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Medical care only. 331X
20. AUTOPSY? 2 No YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.
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) None. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Over 4 years *19*__, *to* Jan. 30th, *19* 58, *that I last saw the deceased alive on* Jan. 29th *19* 58, *and that death occurred at* 12.20 *m.* A.M. *from the causes and on the date stated above.*

23a. SIGNATURE Jno. B. Carlisle M.D. (Degree or title) Jno. B. Carlisle, M.D.
23b. ADDRESS Sedalia, Missouri.
23c. DATE SIGNED Jan. 31st, I9 58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/31/1958
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State) Sedalia, Missouri

DATE REC'D BY LOCAL REG. 1-31-1958
REGISTRAR'S SIGNATURE Frances Shelby
25. FUNERAL DIRECTOR'S SIGNATURE D W Heckart — ADDRESS Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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 .....
Student Embalmer

Signed Russell C Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.