

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032445  
State File No. ....

FILED OCT 14 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 130

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

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>De catur</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bethany</b>		c. LENGTH OF STAY (in this place) <b>4 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Lamoni</b>		<b>817 8</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lacy Nursing Home</b>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) <b>William</b> c. (Last) <b>Strong</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 14 1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Nov. 31 1871</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>general farming</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>D.W. Strong</b>		13b. MOTHER'S MAIDEN NAME <b>Carherine Adams</b>	14. NAME OF HUSBAND OR WIFE <b>Rachel Strong</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 ADDRESS <b>W.W. Strong Merriam Kansas</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastric ulcer</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>331 X</b>		
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?		
22. I hereby certify that I attended the deceased from <b>6/19</b> , 19 <b>57</b> , to <b>9/14</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>9/13</b> , 19 <b>58</b> , and that death occurred at <b>6:00 Pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Design or title) <b>Merriam Peasart M.D.</b>			23b. ADDRESS <b>Bethany Mo</b>		23c. DATE SIGNED <b>10/2/58</b>
24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/17/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Lamoni, Ia.</b>	
DATE REC'D BY LOCAL REG. <b>10-9-1958</b>		REGISTRAR'S SIGNATURE <b>Zella Mayer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm A Marsh Lamoni Ia</b>	

(Licenses/Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Wm Marsh

Signed.....  
Student Embalmer

Licensed Embalmer No. 4400

P. O. Address Lanoni Ia

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.