Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035160
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY: Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Marshall — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Marshall 0972 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Fitzgibbon hosp. — Length of stay in 1b: 80 years	d. STREET ADDRESS (If outside, give location): 549 East Eastwood — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Ben — Middle: -------- — Last: Striker		4. DATE OF DEATH Month: October — Day: 1st — Year: 1958	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Jan. 6, 1866
9. AGE (In years last birthday): 92	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	10b. KIND OF BUSINESS OR INDUSTRY: Merchant	11. BIRTHPLACE (City and state or country): Columbus, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Isaac Striker	13b. MOTHER'S MAIDEN NAME: Henrietta Stern	14. NAME OF HUSBAND OR WIFE: ----------	
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.: None	17. INFORMANT Address: Miss Lennie Striker, Marshall, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c): 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Partial Intestinal Obstruction from Lenin left side

19. WAS AUTOPSY PERFORMED? YES [ ] NO [4] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Sept 29 1958 to Oct 1 1958 and last saw her/him alive on Oct 1 - 1958

Death occurred at 11-20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert C. Haynes MD	22b. ADDRESS: Marshall, Mo	22c. DATE SIGNED: 10/3/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-3-1958	23c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery	23d. LOCATION (City, town, or county) (State): Marshall, Missouri
24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis, Marshall, Mo.	25. DATE RECD. BY LOCAL REG.: 10-3-58	26. REGISTRAR'S SIGNATURE: Cecil G. Read	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 James H. Lewis Jr.

Licensed Embalmer No. 479

P. O. Address Marshall, T

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.