

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039784

STATE FILE NUMBER

72931-58  
FILED DEC 1 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 123

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Iron</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Ironton,</b>   |  | c. CITY OR TOWN <b>Bellevue, Mo</b> <sup>0478</sup>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Marys</b>  |  | d. STREET ADDRESS <b>Gen Delivery</b>  |  |
| Length of stay in lb <b>I Day</b>  |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Daniel</b> Middle <b>Marshall</b> Last <b>Stricklan</b>  |  | 4. DATE OF DEATH<br>Month <b>II</b> Day <b>25</b> Year <b>1958</b>   |  |
| 5. SEX <b>male</b>   | 6. COLOR OR RACE <b>white</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>10-16-58</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>baby</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday)<br>Months <b>I</b> Days <b>14</b> Hours <b></b> Min. <b></b> |
| 11. BIRTHPLACE (City and state or country)<br><b>St Marys Hospital</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>US.A.</b>   |  |
| 13. FATHER'S NAME<br><b>Joseph Stricklan</b>   |  | 14. MOTHER'S MAIDEN NAME<br><b>Lela Barton</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>none</b>  |  |
| 17. INFORMANT <b>Joseph Stricklan</b>  |  | Address <b>Bellevue, Mo.</b>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchial pneumonia, acute</b>   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Iron on aurity.</b>  |  |  | <b>6 wks.</b>  |
| DUE TO (c) <b>Enterocolitis, acute</b>   |  |  | <b>6 days</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>774X</b>  |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | <b>2</b>   |  |
| 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.) |  |  |
| 20c. TIME OF INJURY<br>Hour <b></b> Month, Day, Year <b></b><br>a. m. <b></b> p. m. <b></b>  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  | 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 <b>11-24-58</b> to <b>11-25-58</b> and last saw <sup>her</sup> alive on <b>11-25-58</b><br>Death occurred at <b>6:35 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |
| 22a. SIGNATURE<br><b>Bessie Bull, M.D.</b>   |  | 22b. ADDRESS<br><b>Ironton, Mo.</b>  | 22c. DATE SIGNED<br><b>II/25/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>II/27/58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lambert Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Bellevue Mo Rural</b>                    |
| 24. FUNERAL DIRECTOR<br><b>C.A. Howell</b>   |  | ADDRESS<br><b>Ironton, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>II/25/58</b>  |
|  |  | 26. REGISTRAR'S SIGNATURE<br><b>Miss Annie Jones</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *C.R. Howell* .....

Licensed Embalmer No. *36*

P. O. Address *Quincy*

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.