Health, & Welfare Public Service

300 C 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004432
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY: Barton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Barton
b. CITY OR TOWN: Lamar — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: octoe — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hosp. — Length of stay in 1b: 2 wks.	d. STREET ADDRESS (If outside, give location): Lamar Mo. R 3 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Josephine Middle: Stromer Last:

4. DATE OF DEATH: Month March Day 4 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 3 1870

9. AGE (In years last birthday): 88 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Hancock Co. Ill.

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: George Parter

13b. MOTHER'S MAIDEN NAME: Nancy Young

14. NAME OF HUSBAND OR WIFE: Thomas G. Stromer

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: Mrs. Arthur Gariss Address: Lamar R.3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

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

DUE TO (b): Coronary Sclerosis — years

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intestinal Influenza 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 April 25 1955 to 3-4-59 and last saw her/him alive on 3-4-59

Death occurred at 11:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Herbert M. Arnold M.D. (Degree or title)

22b. ADDRESS: Lamar Mo

22c. DATE SIGNED: 3-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Mar. 6 59

23c. NAME OF CEMETERY OR CREMATORY: St. Johns Kans.

23d. LOCATION (City, town, or county) (State): St. Johns Kans.

24. FUNERAL DIRECTOR: Beeny Funeral Home Sheldon Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: MAR 5 - '59

26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

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 L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Sheldon 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.