THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006427

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 915 Primary Registration District No. 3783 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Miller	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller
b. CITY OR TOWN Richwood — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Iberia — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in Ib 10 days	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Henry Middle Smith Last Stroyick

4. DATE OF DEATH: Month Feb. Day 25 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: January 19 1916

9. AGE (In years last birthday): 43 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Henry Stroyick

13b. MOTHER'S MAIDEN NAME: Myrtle Logston

14. NAME OF HUSBAND OR WIFE: Jessie Stroyick

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. 526-16-9680

17. INFORMANT: Fern Malmberg Address: Iberia, Mo.

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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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

DUE TO (b) Myocarditis — unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.2.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Feb 15 1959, to Feb 25 and last saw her/him alive on Feb 24

Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. A. Gould (Degree or title) DO.

22b. ADDRESS Iberia Mo

22c. DATE SIGNED 2/26/59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 27 1959

23c. NAME OF CEMETERY OR CREMATORY Madden Cemetery

23d. LOCATION (City, town, or county) Miller County (State) Missouri

24. FUNERAL DIRECTOR Walter P. Hedges ADDRESS Hedges Funeral Home Iberia, Mo.

25. DATE REC'D. BY LOCAL REG. Feb. 26. 1959

26. REGISTRAR'S SIGNATURE Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms. All diseases in Part I must be causally related.

June 3 1959

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Perry 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.