

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006540

STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. _____ Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clearmont</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Barnard</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallin Nursing Home</u>	Length of stay in 1b <u>4 mos</u>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Golda Strausberg</u>		4. DATE OF DEATH Month <u>2</u> Day <u>17</u> Year <u>1959</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR OCCUPATION <u>home - own</u>	11. BIRTHPLACE (City and state or country) <u>Barnard Mo</u>
13a. FATHER'S NAME <u>Geo. Wohlford</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy M Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Charley Strausberg</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT Address <u>Mrs Harold Sharp Barnard, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Multiple Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>yrs.</u> <u>yrs.</u>
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 Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>February 3, '59</u> to <u>February 17</u> and last saw her alive on <u>February 11, 1959</u> Death occurred at <u>7:45 A.M. February 17, '59</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marion Wohlford</u> (Degree or title)		22b. ADDRESS <u>Elmo, Missouri</u>	22c. DATE SIGNED <u>F. b. 19, '59</u>
23a. BURIAL, CREMATION, or other disposal (Specify) <u>burial</u>	23b. DATE <u>2/19/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Barnard, Mo.</u>
24. FUNERAL DIRECTOR <u>Emilio Martinez</u> ADDRESS <u>Maryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-18 69</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 G. M. Alchman

Licensed Embalmer No. 2279
P. O. Address Maryville

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.