

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006776  
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>St. Charles, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		d. STREET ADDRESS (If outside, give location) <u>651 Rear Perry Ave.</u>	

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>MYRTLE</u> Last <u>STRAIN</u>			4. DATE OF DEATH <u>March 9, 1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 15, 1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beautician, ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own shop</u>	11. BIRTHPLACE (City and state or country) <u>Boonville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Henry Hager</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Holly</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Strain</u>
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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>194-38-5954</u>	17. INFORMANT <u>Wm H. Strain</u> Address <u>Bridgeton, Mo.</u>
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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>Coronary artery disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis</u>	
	DUE TO (c) <u></u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old myocardial infarction; Congestive heart failure; Diabetes mellitus</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u>Diabetes mellitus</u>
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from <u>Nov. 1953</u> to <u>March 9, 1959</u> and last saw <u>him</u> alive on <u>Feb. 7, 1959</u> Death occurred at <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Charles F. Wilson, M.D.</u>	22b. ADDRESS <u>714 Broadway Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>3-10-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 12, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Ccm.</u>	23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
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24. FUNERAL DIRECTOR <u>Walther's Funeral Home</u> ADDRESS <u>Cape Gir., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 10-59</u>	26. REGISTRAR'S SIGNATURE <u>Marelda Wilson</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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 *[Signature]* .....

Licensed Embalmer No. *3157* .....

P. O. Address *W.C. ...* .....

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.