

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008852

STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 43

Health, Welfare, Public Service

500  
-57

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville 02720		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 911 Morgan		Length of stay in lb 35 yrs	d. STREET ADDRESS (If outside, give location) 911 Morgan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE ALOYSIUS STRETZ			4. DATE OF DEATH Month Day Year March 30, 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Brick Masonry		11. BIRTHPLACE (City and state or country) Boonville, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Stretz		13b. MOTHER'S MAIDEN NAME Mathilda Edwards	
14. NAME OF HUSBAND OR WIFE Anna Jraighhead Stretz		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492098947	
17. INFORMANT Mrs Lawrence Stretz		Address Boonville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE PHARYNX Interval between ONSET AND DEATH 9 MONTHS DUE TO (b) CARCINOMA OF THE LARYNX 15 MONTHS DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) 161X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 1-8-59 to 3-30-59 and last saw him alive on 3-22-59 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) M.D.	
22b. ADDRESS 329 MAIN STREET, BOONVILLE, MISSOURI		22c. DATE SIGNED 3-30-59		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE April 1/59		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul's Cem.		23d. LOCATION (City, town, or county) (State) Boonville, Missouri	
24. FUNERAL DIRECTOR B. W. Thacher Boonville Mo.		25. DATE RECD. BY LOCAL REG. 3/31/59		26. REGISTRAR'S SIGNATURE Hooper	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 21 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 *Berry W. Hacker* .....  
Licensed Embalmer No. *3944* .....

P. O. Address *Boonville, 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.