

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034148

FILED VS SEP 26 1960

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 4112 Registrar's No. 45

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dalton</u>		Length of stay in lb <u>Lifetime</u>	c. CITY OR TOWN <u>Dalton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Dalton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Russell</u> Last <u>Strother</u>	4. DATE OF DEATH Month <u>Sept.</u> Day <u>10</u> Year <u>1960</u>
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5. SEX <u>Male</u>	COLOR OR RACE <u>Negro</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>9-27-94</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR 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>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Dalton</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF husband OR WIFE <u>Mrs. Anna Mae Strother</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>Yes U.S.A.</u>	16. SOCIAL SECURITY NO. <u>499-40-4471</u>	17. INFORMANT Address <u>Mrs. Anna Mae Strother, Dalton 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>	DUE TO (b) <u>Arteriosclerosis</u>	<u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from <u>never</u> to <u>9-1-60</u> and last saw her alive on <u>9-1-60</u> Death occurred at <u>D.O.A.</u> <u>10:45P</u> 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>Drewer P. Rice M.D.</u>	22b. ADDRESS <u>Brunswick</u>	22c. DATE SIGNED <u>9-13-60</u>
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23a. BURIAL, CREMATION, REANAL (Specify) <u>burial</u>	23b. DATE <u>9-15-60</u>	23c. NAME OF CEMETERY OR crematorium <u>Dalton, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Dalton, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>George H. Green, Marshall Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 15-1960</u>	26. REGISTRAR'S SIGNATURE <u>Louise Smith</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 1960

SEP 26 1960

OCT 4 1960

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 Gayle H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall

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.