

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038124

STATE FILE NUMBER

AMENDED

FILED OCT 25 1961

Primary Registration District No. _____ Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Reynolds			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Reynolds		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellington		Length of stay in 1b 12 Yrs	c. CITY OR TOWN Ellington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Ellington	
3. NAME OF DECEASED (Type or print) First Middle Last William Monroe Strother			4. DATE OF DEATH Month Day Year Oct 14, 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-30-1887	9. AGE (last birthday) 80
				IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (City and state or country) Reynolds Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samuel Strother		13b. MOTHER'S MAIDEN NAME Julie McNaill		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No NA			17. INFORMANT Address Goldie Williams, Ellington, Mo.		
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) Apoplexy					1 wk
DUE TO (b) Anterose Frensis (Gen)					10 yrs
DUE TO (c) Senility					
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
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.)			
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 1950 to 1961 and last saw her alive on Oct 14/61. Death occurred at 8:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Kenneth Trach			22b. ADDRESS Ellington, Mo.		22c. DATE SIGNED 10-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-16-61	23c. NAME OF CEMETERY OR CREMATORY Knuckles		23d. LOCATION (City, town, or county) Reynolds Co., Mo.	(State)
24. FUNERAL DIRECTOR ADDRESS Pewitt Funeral Home, Ellington, Mo.		25. DATE RECD. BY LOCAL REG. OCT 19-1961	26. REGISTRAR'S SIGNATURE Selma Jarwa		

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

X

X

I, _____, do hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, Student Embalmer No. _____, working under my personal supervision.

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, _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Chas S. Smith

Licensed Embalmer No. 4574
 P. O. Address Ellington, 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.

IC-21-C