

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

283 = 62-022247
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 283

FILED JUL 9 1962

VS 300
Rev. 4/59
16168
20355
3
4 1
5 0
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7 1
8 1
9 500X
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12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | Length of stay in 1b 30 Min. | c. CITY OR TOWN Kennett Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 315 Baker Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Lisa Middle Gail Last Strayhorn | | | 4. DATE OF DEATH Month June Day 19 Year 1962 |
| 5. SEX Female | 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 11-20-59 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 2 IF UNDER 1 YEAR Months 6 Days 29 IF UNDER 24 HR Hours 29 Min. |
| 11a. BIRTHPLACE (City and state or country) Ft. Belvoir, Va. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Larry Lee Strayhorn | | 13b. MOTHER'S MAIDEN NAME Peggy Louise Myers | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Larry Strayhorn, Kennett, 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) Acute Laryngo - Tracheo Bronchitis | | | INTERVAL BETWEEN ONSET AND DEATH 11 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LIPOID PNEUMONITIS | | | 2 days |
| 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 checked="" type="checkbox"/> NO <input 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 2:30 a.m. p.m. Month, Day, Year 19 June 62 | 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 Cape Girardeau COUNTY MO. STATE MO. |
| 21. I attended the deceased from 19 June 62 to 19 June 62 and last saw her alive on 19 June 62 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James A. Kinder, M.D. (Degree or title) | | 22b. ADDRESS 937 Broadway Cape Girardeau MO. | |
| 22c. DATE SIGNED 26 June 62 | | 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 6-21-1962 | | 23c. NAME OF CEMETERY OR CREMATORY W.O.W Cemetery | |
| 23d. LOCATION (City, town, or county) East Prairie, Missouri | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-19-62 | |
| 26. REGISTRAR'S SIGNATURE James Kinder | | | |

USE BLACK INK OR TYPEWRITER RIBBON

JUL 10 1962

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

Travis Shelby

Licensed Embalmer No. 4940

P. O. Address

East Point, Md

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.