

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000803

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 3

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 16 1963

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Davless</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron, Missouri</u>		c. CITY OR TOWN <u>Winston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cameron Community Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Winston</u>	

3. NAME OF DECEASED (Type or print) First <u>Ernest W</u> Middle <u>Waldo</u> Last <u>Strasser</u>			4. DATE OF DEATH Month <u>1</u> / Day <u>10</u> / Year <u>63</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>11/3/1883</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u> Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>K.C. Star Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (City and state or country) <u>Woonsocket N.D.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Fred Strasser</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Cummings</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 6/11/1904 to 1907</u>	17. INFORMANT <u>O.B. Strasser</u>	Address <u>Winston, Missouri</u>
--	---------------------------------------	-------------------------------------

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 <u>1 hr.</u>
IMMEDIATE CAUSE (a) <u>Intestinal hemorrhage</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <u>Metastasis from</u>		
DUE TO (c) <u>Carcinoma of prostate gland 1958</u>		
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 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 <u></u> a.m. <u></u> p.m. <u></u>	Month <u></u> Day <u></u> 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.)	20f. CITY, TOWN, OR LOCATION <u>Winston</u> COUNTY <u></u> STATE <u></u>

21. I attended the deceased from Jan 1958 to Jan 10 1963 and last saw him alive on Jan 10, 1963.  
Death occurred at 11 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Cameron Mo</u>	22c. DATE SIGNED <u>1/13-63</u>
--------------------------------------	--------------------------------	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1/13/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Winston</u>	23d. LOCATION (City, town, or county) <u>Winston, Missouri</u>
---	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Virgil A. Stroup</u>	ADDRESS <u>Winston Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-12-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
---	------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59  
1 0251  
2 0310  
3  
4 0  
5 1  
6  
7 1  
8 0  
9 177X  
10  
11  
12 1-2  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit Obtained 1-12-63

**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 *Vergil W. Strauf*

Licensed Embalmer No. 4074

P. O. Address Winston

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.