FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21916

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 15

1. PLACE OF DEATH
(a) County Stoddard
(b) City or town Advance Route 1 Pike
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Advance - Route 1 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 163
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM ARTHUR STROBEL
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie Strobel
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased January (Month) 7 (Day) 1890 (Year)

8. AGE: Years 58 Months 5 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Strobel
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Griffin
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mattie Strobel
(b) Address Advance, Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Hill Cem. Sunken Mo
18. (a) Signature of funeral director Lloyd S. Moman
(b) Address Advance, Mo
19. (a) 7-1-48 (Date received local registrar) (b) Benjamin Moore (Registrar's signature) 31.0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15 year 1948 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart disease (Coronary Thrombosis)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 9 40	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Abram (M. D. or other) Cor.
Address Dexter, Mo Date signed June 16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Office No. 2, 8
District File Number 248-3429
Date Filed 2-12-48

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 William H. Morgan, Registered Apprentice No. 208, working under my personal supervision.

Signed Lloyd E. Morgan

Licensed Embalmer No. 3361

P. O. Address Odessa, 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 this body is not embalmed, fact should be so stated above.