

FILED FEB 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HURDLAND	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION GRIM-SMITH			

3. NAME OF DECEASED (Type or Print) FRANK		a. (First)		b. (Middle)		c. (Last) STRICKLER		4. DATE OF DEATH JAN. 3, 1949	
5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH SEPT-26, 1882		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME GEORGE W. STRICKLER		13b. MOTHER'S MAIDEN NAME JOSEPHINE PIERCE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME HOWARD STRICKLER - HURDLAND MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) SHOCK RESULTING FROM EXTENSIVE INJURIES		2 Days	
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) CRUSHED CHEST, FRACTURED FEMUR AND LOWER LEG.		2 Days	
		DUE TO (c) AUTOMOBILE ACCIDENT		2 Days	
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. NONE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Adair Missouri	
21d. TIME OF INJURY JAN. 1, 1949 5 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident 0	

22. I hereby certify that I attended the deceased from **JAN 1, 1949**, to **JAN 3, 1949**, that I last saw the deceased alive on **JAN 3, 1949**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George E. Grim M.D.		(Degree or title)		23b. ADDRESS 201 E. PATTERSON, KIRKSVILLE, MO.		23c. DATE SIGNED 1-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F		24d. LOCATION (City, town, or county) (State) HURDLAND MO	
DATE REC'D BY LOCAL REG. 1-29-49		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Geo. B. Easley Jr		ADDRESS Hurdland Mo	

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

RECEIVED

District Health Officer No. 10

District File Number 2-49-2

Date Filed FEB 7 - 1949

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.

Signed Geo B. Casey Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Quincy, 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.