

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4741

State File No.

No. 300
10.48

FILED FEB 16 1949

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 2

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Iron</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Iron</u>
c. LENGTH OF STAY (in this place) (township) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile east of Ironton</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile east of Ironton</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Columbus</u>	c. (Last) <u>Strickland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 10, 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 12 HRS. Days <u>12</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Strickland</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda Sherrill</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Linn Sutton Pilot Knob Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral broncho-pneumonia</u>		<u>1-15-49</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute naso-pharyngitis</u> DUE TO (c) <u>influenza</u>		<u>1-2-49</u> <u>1-2-49</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility 1917</u>			<u>7</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-15, 1949, to 1-22, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. P. E. Farland M.D.</u>	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>1-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K. P. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-7-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Linn Sutton</u>	128	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. White</u>	ADDRESS <u>White Funeral Home Ironton</u>
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(Licensed Embalmer's Statement on Reverse Side)

MO.

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

RECEIVED

Health Officer No. 4
File Number 249-22
Date filed 2-15-4

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 Russell White.....

Licensed Embalmer No. 3012.....

Signed
Student Embalmer

P. O. Address London Miss......

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.