

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi So ELDON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi So ELDON</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi So ELDON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>Wesley</u> c. (Last) <u>STRANGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>24 MAY 1884</u>
9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>	11. BIRTHPLACE (State or foreign country) <u>State - PENN. MILLER - CO - MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State - PENN.</u>	11. BIRTHPLACE (State or foreign country) <u>Miller - Co - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John - M - Strange</u>		13b. MOTHER'S MAIDEN NAME <u>ALMANZA - CONNER</u>	
14. NAME OF HUSBAND OR WIFE <u>CORA - STRANGE</u>		14. NAME OF HUSBAND OR WIFE <u>CORA - STRANGE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CORA - STRANGE</u>		ADDRESS <u>ELDON</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		177X	
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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>49</u> , to <u>May 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 10</u> , 19 <u>49</u> , and that death occurred at <u>9:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. O. Shelton, M.D.</u> (Degree or title)		23b. ADDRESS <u>ELDON MO</u>	
23c. DATE SIGNED <u>11 May 1949</u>		23c. DATE SIGNED <u>11 May 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12 MAY 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Blue Spring Cem</u>		24d. LOCATION (City, town, or county) (State) <u>MILLER - CO MO</u>	
DATE REC'D BY LOCAL REG. <u>May 12 1949</u>		REGISTRAR'S SIGNATURE <u>Almanza Walter Keith McFay</u> 19 <u>49</u>	
FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>ELDON MO</u>	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 23 1949

JUN 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.

Student
Student Embalmer

Signed Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.