

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18317

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4498</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby county</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hunnewell</u>		c. LENGTH OF STAY (in this place) <u>6 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hunnewell</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Gladys Stricklin</u>			b. (Middle) _____			c. (Last) _____	
4. DATE OF DEATH <u>5-28-1949</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>6-19-1895</u>		9. AGE (In years last birthday) <u>53</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			13a. FATHER'S NAME <u>M. H. Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Orvilla Eldred</u>		
14. NAME OF HUSBAND OR WIFE <u>Jerry Stricklin</u>			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. <u>X</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Jerry Stricklin, Hunnewell, Mo.</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. diabetes mellitus</u> <u>2. pernicious anemia</u>		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Auricular fibrillation</u> <u>Arteriosclerotic heart disease</u>		
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>5/24, 1949</u> , to <u>5/28, 1949</u> , that I last saw the deceased alive on <u>5/28, 1949</u> , and that death occurred at <u>10<sup>00</sup> A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Evan D'Racine ( ) MD</u>			23b. ADDRESS <u>Monroe City, Mo</u>		23c. DATE SIGNED <u>5/29/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-30-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemty.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 2-49</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Million &amp; Berkeley, Shelbina, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48102  
9

MAR 12 1959

RECEIVED

District Health Officer No. 1

District File Number 6499

Date Filed JUN 6 - 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

*W. Hawkins*

Licensed Embalmer No.

3498

P. O. Address

*Albany, N.Y.*

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.