

FILED JUN 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20688

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Tennessee</i> b. COUNTY <i>Crockett</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Flat River, Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Alamo</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>02</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <i>Mrs. Alice</i>		b. (Middle) <i>Hardy</i>		c. (Last) <i>Strachan</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 25-1949</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>January 10-1873</i>		9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>15</i>	IF UNDER 24 HRS. Hours <i>15</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Alamo - Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		

13a. FATHER'S NAME <i>Mr. David Mays</i>		13b. MOTHER'S MAIDEN NAME <i>Miss Lucy Nunn</i>		14. NAME OF HUSBAND OR WIFE <i>Mr. Joseph D. Strachan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Elsie Watkins - 221 Honey St. Flat River, Mo</i>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>mesenteric thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15-20</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) <i>arterio sclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <i>arterio sclerotic Heart Disease</i>		
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)		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 *Feb*, 1946, to *May 25*, 1949, that I last saw the deceased alive on *May 25*, 1949, and that death occurred at *4 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. H. Appleberry M.D.</i>		23b. ADDRESS <i>Flat River Mo</i>		23c. DATE SIGNED <i>May 26-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 27-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Nunn Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Maurycity Tennessee</i>		24e. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i>		24f. ADDRESS <i>303 Cranst. Flat River Mo</i>	

DATE REC'D BY LOCAL REG. <i>June 9, 1949</i>		REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i>		ADDRESS <i>303 Cranst. Flat River Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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RECEIVED

District Health Officer No. 4
File Number 649-82
Date ^{rec'd} ~~filed~~ 6-20-49

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 Alvin W. Hood

Signed _____
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat 1, New York, 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.