

FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23030**

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

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5428</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boone</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boone</u>		<u>36</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>George W. Strauser</u>			a. (First) _____ b. (Middle) <u>W.</u> c. (Last) <u>Strauser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 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>Sept. 2, 1868</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hour _____ Min. _____			
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Amos Strauser</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Strauser</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Strauser Sullivan, Mo.</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>Lobar Pneumonia</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.					INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>7-10</u> , 1949, to <u>7-15</u> , 1949, that I last saw the deceased alive on <u>7-14</u> , 1949, and that death occurred at <u>2 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <u>H. H. Matthews, M.D.</u>				23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>7-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Spring</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>H. H. Matthews, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. P. Shaffer</u>		ADDRESS <u>Sullivan</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 9
JUL 21 1950
District No. Number

AUG 17 1950

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 _____

J. A. Humphrey

Student Embalmer No. *316*

working under my personal supervision.

Signed *J. A. Humphrey*
Student Embalmer

Signed *Harry E. Monroe*

Licensed Embalmer No. *4495*

P. O. Address *Sullivan, 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.