

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13930

State File No.

Registrar's No. 9

BIRTH NO.		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 4364		State File No.		Registrar's No. 9		
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY McDonald						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella, aMo.			c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0600					
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital				d. STREET ADDRESS (If rural, give location) 5 Mi. S. W. Stella, Missouri						
3. NAME OF DECEASED (Type or Print) a. (First) Susie			b. (Middle) May		c. (Last) Strickland			4. DATE OF DEATH (Month) (Day) (Year) April 20 1950		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 4 1892		9. AGE (in years last birthday) (Months) (Days) (Hours) (Min.) 58 1 16		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Not known			13b. MOTHER'S MAIDEN NAME Not known			14. NAME OF HUSBAND OR WIFE Orvillee Strickland				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Orvillee Strickland				ADDRESS Stella, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma						INTERVAL BETWEEN ONSET AND DEATH 27 hrs		
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						260X		
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) (Min.)		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 4-19 , 19 50 , to 4-20 , 19 50 , that I last saw the deceased alive on 4-20 , 19 50 , and that death occurred at 9:25 a.m., from the causes and on the date stated above.										
23a. SIGNATURE C. Cardwell (Degree or title) M.D.				23b. ADDRESS Stella, Mo.				23c. DATE SIGNED 4-20-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23-50		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Stella, Mo.				
DATE REC'D BY LOCAL REG. 4-24-1950		REGISTRAR'S SIGNATURE Alpha Dyer 369			25. FUNERAL DIRECTOR'S SIGNATURE Wm Morris Roper Weston, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 550-95

Date ~~Filed~~ MAY 2 1950

rec'd

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

Wm. Morris Pope

Licensed Embalmer No. 38429

P. O. Address Newton, 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.