

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43296**

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **8074** Registrar's No. **125**

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, MO	
c. LENGTH OF STAY (in this place) 3 Yrs		d. STREET ADDRESS (If rural, give location) 108 N. 4th, Sikeston, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 108N 4st, Sikeston, MO		d. STREET ADDRESS (If rural, give location) 108 N. 4th, Sikeston, MO	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Charles c. (Last) Strack			4. DATE OF DEATH (Month) (Day) (Year) 12 19 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2/27/01
9. AGE (In years last birthday) 49	IF UNDER 1 YEAR (Months) 9	IF UNDER 1 YEAR (Days) 22	IF UNDER 4 HRS. (Hours)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) White Water Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charley Strack	
13b. MOTHER'S MAIDEN NAME Anna Shain		14. NAME OF HUSBAND OR WIFE Isolene Strack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Isolene Strack Sikeston 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			
DUE TO (c) —			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	
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) (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 <u>12-18, 1950</u>, to <u>12-19, 1950</u>, that I last saw the deceased alive on <u>12-18, 1950</u>, and that death occurred at <u>6</u> <u>pm.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. D. Urban M.D.		23b. ADDRESS Sikeston	
23c. DATE SIGNED 12-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/50	
24c. NAME OF CEMETERY OR CREMATORY Memorial park Cem		24d. LOCATION (City, town, or county) (State) Sikeston MO	
DATE REC'D BY LOCAL REG. 12-21-50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter	
25. FUNERAL DIRECTOR'S SIGNATURE James R. ...		ADDRESS	

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Keaton 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.