

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. 15427

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 133		
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City		c. LENGTH OF STAY (in this place) 4 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give township)				
3. NAME OF DECEASED (Type or Print) a. (First) Mabel			b. (Middle) Estella		c. (Last) Straley		4. DATE OF DEATH (Month) (Day) (Year) 4 1 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10 24 1903		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 5 Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Harrison County, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Rufus Sherwood			13b. MOTHER'S MAIDEN NAME Martha Jane Young		14. NAME OF HUSBAND OR WIFE Jesse Straley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jesse Straley Grant City, Mo.				
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) Arricular Fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion 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 18 hours 18 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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 3/31 , 1951, to 4-1 , 1951, that I last saw the deceased alive on 3/31 , 1951, and that death occurred at 5 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Frank B. Garrison md				23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 4/3/51		
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 4 4 1951		24c. NAME OF CEMETERY OR CREMATORY Grant City, Mo. Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Mo.		
DATE REC'D BY LOCAL REG. April 9, 1951		REGISTRAR'S SIGNATURE Meta E. Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dimpfel		ADDRESS Grant City, Mo.		

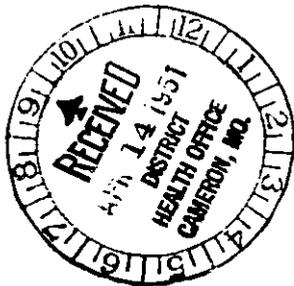
(Licensed Embalmer's Statement on Reverse Side)

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

130

1130

4-9



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 Arch C. Duffless

Licensed Embalmer No. 3252

P. O. Address Grant City 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.