

U.S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8859

State File No. _____

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 25

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro,</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> <u>1941</u> | |
| c. LENGTH OF STAY (in this place) <u>2 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u> | | | |

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|-------------------------------------|-------------------------|------------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Betty</u> | b. (Middle) <u>Elizabeth</u> | c. (Last) <u>Strickland</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1952</u> |
|-------------------------------------|-------------------------|------------------------------|-----------------------------|---|

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|----------------------|-------------------------------|---|--------------------------------------|---|---------------------|--------------------|-------------------|------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Feb. 2, 1883</u> | 9. AGE (in years last birthday) <u>69</u> | 10. MONTHS <u>0</u> | 11. DAYS <u>10</u> | 12. HOURS <u></u> | 13. MIN. <u></u> |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------|--------------------|-------------------|------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>disabled</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u> | 11. BIRTHPLACE (State or foreign country) <u>Bonne Terre, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>Harland Douglas</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Kallmond</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Strickland</u> |
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| 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 <u>J. E. Williams</u> | ADDRESS <u>Doe Run, Missouri</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with congestive heart failure.</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from April, 1950, to March 12, 1952, that I last saw the deceased alive on March 12, 1952, and that death occurred at 3:15pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Thomas A. Dourell M.D.</u> | 23b. ADDRESS <u>Desoto, Mo.</u> | 23c. DATE SIGNED <u>3-14-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>3/14/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Doe Run Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Doe Run, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>3-29-52</u> | REGISTRAR'S SIGNATURE <u>Katherine Marsden</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Boyer</u> | ADDRESS <u>Desoto, Mo.</u> |
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED APR 1 1952

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 *S. T. Dyer* _____

Licensed Embalmer No. *3660* _____

P. O. Address *Hesloger 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.