

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21686

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Francois</u> c. LENGTH OF STAY (in this place) (township) <u>2Y, 5M, 4DAS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DONIPHAN 0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #4</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED a. (First) <u>ZEPHOR</u> b. (Middle) <u>JAKE</u> c. (Last) <u>STRAIT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23, 1952</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>JUNE 9, 1905</u>	9. AGE (In years last birthday) <u>47</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>FRANKLIN STRAIT</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA HARTMAN</u>		14. NAME OF HUSBAND OR WIFE <u>OLLIE STRAIT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OLLIE STRAIT - DONIPHAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat exhaustion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>		Sev. years	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia praecox, Mixed type.</u>		Sev. years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201F</u>		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) 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 March 31, 1950, to June 23, 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John O. Brennan M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		23c. DATE SIGNED <u>6-27-1952</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>RIPLY COUNTY, MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>June 27, 1952</u>		24f. REGISTRAR'S SIGNATURE <u>Ethel Pudloff</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BLACK-EDWARDS - DONIPHAN, MO.</u>					

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

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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 *Harlan Adams*

Licensed Embalmer No. *4351*

P. O. Address *FREDERICKTOWN, MD.*

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.