

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32218**

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **5692** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Parson Creek c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Parson Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles S.E. Meadville		d. STREET ADDRESS (If rural, give location) 4 miles S.E. of Meadville	

3. NAME OF DECEASED (Type or Print) a. (First) Reuben b. (Middle) Coleman c. (Last) Strickler			4. DATE OF DEATH (Month) (Day) (Year) Sept 7, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 20, 1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chattan, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jacob Strickler		13b. MOTHER'S MAIDEN NAME Elspey Scott		14. NAME OF HUSBAND OR WIFE Salve Ann Bollman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George L. Strickler; Swink, Colorado	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) _____			36h.
ANTECEDENT CAUSES Morbid conditions, if any, giving 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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)		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 **SEPT 4, 1952**, to **SEPT 9, 1952**, that I last saw the deceased alive on **Sept 7, 1952**, and that death occurred at **9:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Bryan (Degree or title) DO		23b. ADDRESS WHEELING, MO.		23c. DATE SIGNED 9/8/52	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 9-10-52		24c. NAME OF CEMETERY OR CREMATORY Meadville	
24d. LOCATION (City, town, or county) (State) Meadville Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo			
DATE REC'D BY LOCAL REG. Sept. 10-1952		REGISTRAR'S SIGNATURE Chris A. Martens		169-	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
Ev. 10.48

580
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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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.