

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36043

State File No. _____

FILED NOV 3 1952

Registrar's No. 326

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4451		Registrar's No. 326	
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor		c. LENGTH OF STAY (in this place) 30yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor		1910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Naylor, Mo.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Thomas		c. (Last) Strong		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1952
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Mar. 17 1876	9. AGE (In years last birthday) 79	10. MONTHS 6	11. DAYS 28	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alexander Strong			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Pearl Strong		
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 William McNew Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure due to Coronary Thrombosis 2 hours 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 8 minutes
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-2-01					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 March 17, 1952, to October 15, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 2:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. L. Smith (Degree or title) A.O.				23b. ADDRESS Box 328, Neelyville, Mo.		23c. DATE SIGNED 10-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Oct. 16 1952		24c. NAME OF CEMETERY OR CREMATORY Naylor		24d. LOCATION (City, town, or county) (State) Naylor, Mo.	
DATE REC'D BY LOCAL REG. 10-30-52		REGISTRAR'S SIGNATURE C. J. Swinton 377		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

1 1952
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APR 3 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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Edmont 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.