S. No. 300
v. 10.48

FILED DEC 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. 38141

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 535-6 Registrar's No. 59

3300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: DALLAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LONGLANE RR2
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Long Lane RR2
d. STREET ADDRESS (If rural, give location): 0377

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) FRANK c. (Last) STRICKLAND

4. DATE OF DEATH (Month) (Day) (Year): 11-22-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-11-1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 2, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): farmer farm
10b. KIND OF BUSINESS OR INDUSTRY: general Mdse Store
11. BIRTHPLACE (State or foreign country): Dallas Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Zachary Taylor
13b. MOTHER'S MAIDEN NAME: Nancy Jones
14. NAME OF HUSBAND OR WIFE: Cora Long Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Cora Strickland — ADDRESS: 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) Coronary occlusion (Sudden death) — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis Hypertension — unknown
DUE TO (c) age

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: 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* On Nov 13, 1952, *to* _____, 19___, *that I last saw the deceased alive on* Nov 13, 1952, *and that death occurred at* 7 00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. C. Rheminer M.D. (Degree or title)
23b. ADDRESS: Buffalo Mo
23c. DATE SIGNED: 11-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24 1952
24c. NAME OF CEMETERY OR CREMATORY: Sulcaney
24d. LOCATION (City, town, or county) (State): Dallas Co Mo

DATE REC'D BY LOCAL REG.: 11-27-52
REGISTRAR'S SIGNATURE: Grace Petrie 800
25. FUNERAL DIRECTOR'S SIGNATURE: D. B. Jones — ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.