

No. 300  
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1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39742

State File No. ....

FILED NOV 25 1952

|   |  |   |   |  |  |  |   |  |
|---|--|---|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>276</u>   |   | PRIMARY REG. DIST. NO. <u>5947</u>   |  | Registrar's No. <u>66</u>  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Phelps</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. James Twp</u>   |  | c. LENGTH OF STAY (In this place)   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. James twp</u>                                    |  | 0810   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>None</u>  |  |   |   | d. STREET ADDRESS (If rural, give location)  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>John</u>  |  | b. (Middle)   |   | c. (Last) <u>Strack</u>  |  | 4. DATE OF DEATH<br>(Month) <u>Nov</u> (Day) <u>19</u> (Year) <u>1952</u>        |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>Oct 21-1872</u>  |   |  |
| 9. AGE (In years last birthday) <u>80</u>   |  | IF UNDER 1 YEAR <u>0</u> Months   |   | IF UNDER 1 Wk. <u>28</u> Hours   |  | IF UNDER 1 Wk. <u>0</u> Mins.  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  |   | 11. BIRTHPLACE (State or foreign country) <u>St. James, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |   |  |
| 13a. FATHER'S NAME <u>William Strack</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>Caroline Schmidt</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>Lucindia</u>                                      |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Esther Cowan, St. James, Missouri</u> ADDRESS   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis to Liver</u> |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>one year</u> |  |
| 19a. DATE OF OPERATION <u>None</u>  |  | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u>  |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>  |  | 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 <u>July 10, 1952</u> to <u>Nov 19, 1952</u> , that I last saw the deceased alive on <u>Nov 18, 1952</u> , and that death occurred at <u>3452</u> m., from the causes and on the date stated above. |  |   |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>James H. Ruth M.D.</u>  |  |   |   | 23b. ADDRESS <u>St. James, Mo.</u>   |  | 23c. DATE SIGNED <u>11/19/52</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Nov 21, 1952</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Miles Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>         |   |  |
| DATE REC'D BY LOCAL REG. <u>11-21-1952</u>  |  | REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>   |   | FUNDAL DIRECTOR'S SIGNATURE <u>C. Jesse Gahr, St. James, Mo.</u>   |  | ADDRESS  |   |  |

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

County File Number \_\_\_\_\_  
Date Filed 11-24-52

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*C. Jesse Gahr*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

**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.**