

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 30 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3167

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Manchester		c. CITY OR TOWN Manchester	
c. LENGTH OF STAY (In this place) 1.5 months		d. STREET ADDRESS (If rural, give location) Manchester N. H.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester N. Home			
3. NAME OF DECEASED (Type or Print) Emma		c. (Last) Strickler	
a. (First)		4. DATE OF DEATH (Month) (Day) (Year) 12-9-52	
b. (Middle)			
5. SEX female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
6. COLOR OR RACE white		8. DATE OF BIRTH 7-24-1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9. AGE (In years last birthday) 82	
10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Griggsville, Ill.	
13a. FATHER'S NAME unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Guy Strickler	
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 Marie McCandless		ADDRESS 5316 Pershing	
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.		MEDICAL CERTIFICATION Ca of breast rt side	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 Jan 1952 to Dec 10, 1952 , that I last saw the deceased alive on Dec 3, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE C. H. Deiny		23b. ADDRESS Drave Coeur Mo.	
23c. DATE SIGNED 12-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-10-52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Mound City, Mo.	
DATE REC'D BY LOCAL REG. 12-10-52		REGISTRAR'S SIGNATURE Hubert R. Domb-M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Crawford F.H.		ADDRESS Mound City, Mo.	

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: Ronald O Yabuke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.