

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44407

State File No. ....

FILED JAN 17 1953

BIRTH NO. .... REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4090 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hunter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hunter</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Residence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u>		b. (Middle) <u>G.</u>	
c. (Last) <u>Strouse</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>1873</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>No. English, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orville D. Strouse, Hunter, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
DUE TO (c) <u>arterial hypertension</u>		<u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	
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) (Min)		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>Nov 15, 1950</u> , to <u>Dec 30, 1952</u> , that I last saw the deceased alive on <u>Oct 10, 1952</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Frank D. Kurinski, D.O.</u>		23b. ADDRESS <u>Van Buren, Mo</u>	
23c. DATE SIGNED <u>Dec 31, 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hunter, Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Colman B. ...</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 4-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Hanson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Allen C. McSpadden

Licensed Embalmer No. 4543

P. O. Address San Bernardino, Cal

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.