

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13820**

FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 18

0360
1

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PACIFIC</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PACIFIC</u> <u>0360</u> | |
| c. LENGTH OF STAY (in this place) <u>LIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u> | | | |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMILIE</u> b. (Middle) _____ c. (Last) <u>STRICKER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3, 1953</u> |
|---|---|

| | | | | | |
|----------------------|-------------------------------|---|--------------------------------------|---|--|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>NOV. 4, 1864</u> | 9. AGE (In years last birthday) <u>88</u> | 10 months 1 YEAR 0 Months 2 YEAR 0 Months 3 YEAR 0 Months 4 YEAR 0 Months 5 YEAR 0 Months 6 YEAR 0 Months 7 YEAR 0 Months 8 YEAR 0 Months 9 YEAR 0 Months 10 YEAR 0 Months 11 YEAR 0 Months 12 YEAR 0 Months |
|----------------------|-------------------------------|---|--------------------------------------|---|--|

| | | | |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|--|--|--|

| | | |
|------------------------------------|--|--|
| 13a. FATHER'S NAME <u>Storbell</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>HERMAN STRICKER</u> |
|------------------------------------|--|--|

| | | |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Maidie Leber</u> ADDRESS <u>Pacific Mo.</u> |
|--|-------------------------------------|--|

| | | | |
|--|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>decompensated heart</u> | | |
| | DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen eroded or thronken</u> | | <u>2</u> |

| | | |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4343</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) _____ | 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 May 3, 1953, to May 3, 1953, 1953, that I last saw the deceased alive on May 3, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

| | | |
|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Pacific Mo</u> | 23c. DATE SIGNED <u>5/5/53</u> |
|---|--------------------------------|--------------------------------|

| | | | |
|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 5, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Pacific Mo.</u> |
|---|------------------------------|--|--|

| | | |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>May 5 - 1953</u> | REGISTRAR'S SIGNATURE <u>Mary B. Cross</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Pacific Mo.</u> |
|--|--|--|

JUL 27 1958

AUG 2 1958

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

Jno. L. Hughes

Licensed Embalmer No. 3008

P. O. Address *Pacific 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.