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ED APR 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15284**

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5980** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Wishart Twp.		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Wishart Twp. 0840	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 1/2 miles N. E. of Wishart		d. STREET ADDRESS (If rural, give location) R. F. D. Bolivar	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Greenleaf c. (Last) Straw		4. DATE OF DEATH (Month) (Day) (Year) April 4 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 5	8. DATE OF BIRTH June 25, 1880
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY building & farming	11. BIRTHPLACE (City and State or Foreign Country) Marshalltown, Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & farmer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Jackson Straw	13b. MOTHER'S MAIDEN NAME Elizabeth Jane Kettner	14. NAME OF HUSBAND OR WIFE Mrs. Clara Pool
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. 518-05-8492A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rt. 1, Bolivar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
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.	cerebral apoplexy 2 yrs ago. Paralysis since then		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ **on 3-30, 1953**, to _____, 19____, that I last saw the deceased alive on **3-30, 1953**, and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Samuel J. Morrison	(Degree or title)	23b. ADDRESS Morrisonville, Mo.	23c. DATE SIGNED 4-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Enon Cemetery	24d. LOCATION (City, town, or county) (State) Polk County, Mo.
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DATE REC'D BY LOCAL REG. April 9, 1953	REGISTRAR'S SIGNATURE Ralph Gordon	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Turpin Funeral Home Bolivar, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

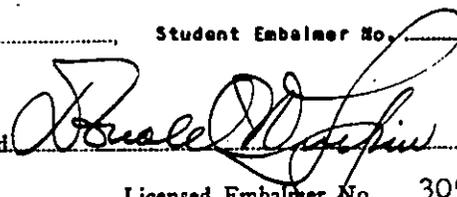
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3053

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.