

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20963**

FILED **JULY 22 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **4088** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Carter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>mo</b> b. COUNTY <b>Carter</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ellsinore</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ellsinore</b>	
c. LENGTH OF STAY (In this place) <b>50 years</b>		d. STREET ADDRESS (If rural, give location) <b>Own home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Strucker</b> c. (Last)		4. DATE OF DEATH <b>June 9 1953</b> (Day) (Year)	
5. SEX <b>m</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec 26 1869</b>
9. AGE (In years last birthday) <b>83</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Ill</b>	
10b. KIND OF BUSINESS OR INDUSTRY			

12. FATHER'S NAME <b>Thomas Strucker</b>		13. MOTHER'S MAIDEN NAME <b>Jemima Schweihart</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Strucker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lester L. Strucker</b>	
				ADDRESS <b>Ellsinore mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		ANTECEDENT CAUSES		<b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Arteriosclerosis, chronic and</b>		<b>5 yrs.</b>	
		DUE TO (c) <b>arterial hypertension</b>		<b>8 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS		<b>Senility</b>			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No.</b>		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 **1 Nov 1948**, to **9 June 1953**, that I last saw the deceased alive on **17 June 1953** and that death occurred at **3:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hester Howell M.D.</b> (Degree or title)		23b. ADDRESS <b>Poplar Bluff Mo.</b>		23c. DATE SIGNED <b>12 June 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Henson</b>		24d. LOCATION (City, town, or county) (State) <b>Carter Co mo</b>	
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DATE REC'D BY LOCAL REG. <b>June 17-1953</b>		REGISTRAR'S SIGNATURE <b>Mrs Octa Henson</b>		50-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>Seaton Peritt</b>		ADDRESS <b>Van Buren mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

**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

*Seaton Pewitt*

Licensed Embalmer No. 2287

P. O. Address Van Buren

**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.