

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21143

State File No. ....

FILED JUL 1 - 1953  
BIRTH NO. .... REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5826 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Meramec		c. CITY OR TOWN rural	
c. LENGTH OF STAY (In this place) few months		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		• STREET ADDRESS (If rural, give location) near Steeville 0280	
3. NAME OF DECEASED (Type or Print) a. (First) Oliver		b. (Middle) Leslie	
c. (Last) Stricklen		4. DATE OF DEATH (Month) (Day) (Year) June 5/53	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/18/05
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Iron County Mo 0
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James H Stricklen		13b. MOTHER'S MAIDEN NAME Lucy Canaday	
14. NAME OF HUSBAND OR WIFE Ethel Pyatt			
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. X	
17. INFORMANT'S SIGNATURE OR NAME Lee Stricklen		ADDRESS Salem 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertension Malignant</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ch. Glomerulo nephritis</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>years</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  592X	
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) (m.)		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 <i>Sept</i> , 19 <i>52</i> , to <i>May</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>May</i> , 19 <i>53</i> , and that death occurred at <i>11 A m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John S Campbell M.D.</i>		23b. ADDRESS <i>Steeville Mo</i>	
23c. DATE SIGNED <i>June 53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/7/53	
24c. NAME OF CEMETERY OR CREMATORY Neils Creek Cem		24d. LOCATION (City, town, or county) (State) Near Bixby Mo	
DATE REC'D BY LOCAL REG. 6-26-53		REGISTRAR'S SIGNATURE <i>[Signature]</i> 76-0	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <i>Salem Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

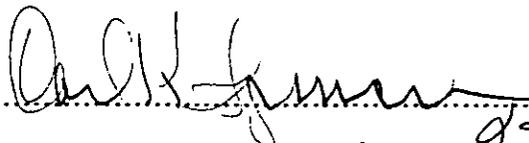
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 9326

P. O. Address Salem, N.H.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.