

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30963**

FILED SEP 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5031</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre</u>		c. LENGTH OF STAY (in this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre</u>		<u>6040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile East of Farber.</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile East of Farber</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Alec</u> c. (Last) <u>Stringer</u>			4. DATE OF DEATH (Month) <u>Sep</u> (Day) <u>21</u> (Year) <u>1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Never Married</u> <small>WIDOWED, DIVORCED, (Specify)</small>		8. DATE OF BIRTH <u>June 12, 1942</u>	
9. AGE (In years last birthday) <u>11</u>		10. MONTH <u>3</u> DAY <u>9</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Farber, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Farber, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Arville Stringer</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Riley</u>			14. NAME OF HUSBAND OR WIFE	
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 ADDRESS <u>Arville Stringer, Farber, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital heart disease</u> ANTECEDENT CAUSES <u>Cardiac failure</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		<u>7544</u>	
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 <u>9/10/53</u> , 19 <u>53</u> , to <u>9/21/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/21/53</u> , and that death occurred at <u>4:00 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernan Phelan MD.</u> (Degree or title)				23b. ADDRESS <u>Andalia Mo</u>		23c. DATE SIGNED <u>9/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farber, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 23 1953</u>		REGISTRAR'S SIGNATURE <u>Mollie Triguera</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William S. Watson</u>		ADDRESS <u>Andalia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3040

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 William B. Peters

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.