

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35435**

REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4151** Registrar's No. **35**

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 OR TOWN STEEVILLE		c. CITY OR TOWN STEEVILLE	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION MERAMEC NURSING HOME			

3. NAME OF DECEASED (Type or Print) CLARA ELIZABETH STRAYER			4. DATE OF DEATH OCT. 31-1953		
a. (First)	b. (Middle)	c. (Last)	5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH OCT. 20-1873	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months - Days 11	IF UNDER 24 HRS. Hours - Min. -	11. BIRTHPLACE (City and State or Foreign Country) BERRYMAN, Mo. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY -		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME HENRY BEERS	13b. MOTHER'S MAIDEN NAME POLLY EARNEY	14. NAME OF HUSBAND OR WIFE DAVID STRAYER
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. NONE	17. INFORMANT'S SIGNATURE OR NAME CARA VIEHMAN-STEEVILLE, Mo. ADDRESS -

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS*	DUE TO (b) Arteriosclerosis		
	DUE TO (c) Senility		

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)
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 **Aug 13, 1951**, to **Oct. 29, 1953**, that I last saw the deceased alive on **Oct 29, 1953**, and that death occurred at **11:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Robey & Co. (Name or title)	23b. ADDRESS Steeleville Mo.	23c. DATE SIGNED 11/10/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-2-1953	24c. NAME OF CEMETERY OR CREMATORY BERRYMAN CEM.
24d. LOCATION (City, town, or county) (State) BERRYMAN, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. Halliday ADDRESS STEEVILLE, Mo.	DATE REC'D BY LOCAL REG. 11-12-53
REGISTRAR'S SIGNATURE [Signature]	76	

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

0280
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REC NOV 13 1953

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. 4332

P. O. Address Steeleville, 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.