S. No. 300
v. 10.46

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

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38616

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 2 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville 0272
d. STREET ADDRESS (If rural, give location): 305 Center Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): McCann
c. (Last): Strutz.

4. DATE OF DEATH (Month) (Day) (Year): December 9 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: August 22 1878
9. AGE (In years last birthday): 75 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph W. McCann
13b. MOTHER'S MAIDEN NAME: Nancy Wray
14. NAME OF HUSBAND OR WIFE: Julius O. Strutz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Marian Spizzy, Whittier, Calif.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT. — INTERVAL BETWEEN ONSET AND DEATH: 1 2 DAYS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTERIAL HYPERTENSION. — ABOUT 7 YRS.

DUE TO (c) ARTERIOSCLEROSIS — SINCE 1946.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. NONE.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE 331/X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 7, *1953*, *to* DEC. 9, *1953*, *that I last saw the deceased alive on* DEC. 8 *1953*, *and that death occurred at* 11:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D.
23b. ADDRESS: 329 MAIN, BOONVILLE, MISSOURI
23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11 1953
24c. NAME OF CEMETERY OR CREMATORY: Versailles
24d. LOCATION (City, town, or county) (State): Versailles, Missouri.

DATE REC'D BY LOCAL REG.: 12-11-53
REGISTRAR'S SIGNATURE: D. C. Hooper 381-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1954

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.