.S. No. 300
Rev. 10-48

FILED NOV 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40041

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6026 Registrar's No. 17

0900
1

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

1. PLACE OF DEATH
a. COUNTY ~~xxxx~~ Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Carroll typ
c. LENGTH OF STAY (in this place) 25 yr s
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) x

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Reynolds 0900
c. CITY OR TOWN Greeley
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ x 0
e. STREET ADDRESS (If rural, give location) Carroll Typ

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Burley
c. (Last) Stricklen

4. DATE OF DEATH (Month) (Day) (Year) 10/27/53

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH Feb 5 1892
9. AGE (In years last birthday) Zilla Stricklen 61 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY x
11. BIRTHPLACE (City and State or Foreign Country) Iron Co Mo 0
12. CITIZEN OF WHAT COUNTRY? Reynolds

13a. FATHER'S NAME Joe Stricklen
13b. MOTHER'S MAIDEN NAME Susis Smith
14. NAME OF HUSBAND OR WIFE Zilla Stricklen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Zilla Stricklen Greeley Mo — ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion of the Heart

ANTECEDENT CAUSES

Morbid 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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. R. Pyatte 3 (Degree or title) (Coroner)
23b. ADDRESS Centerville Mo.
23c. DATE SIGNED Oct 27/1953

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10/29/53
24c. NAME OF CEMETERY OR CREMATORY Bunker Cem
24d. LOCATION (City, town, or county) Bunker Mo (State)

DATE REC'D BY LOCAL REG. 10/30/53
REGISTRAR'S SIGNATURE C. M. Fitzpatrick 275 0
25. FUNERAL DIRECTOR'S SIGNATURE Carl K. Spinner Salem Mo — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Received 11-19-53
Reynolds County Health
File No. 1153 - 2A

NOV 8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 834

P. O. Address Salem Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.