

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1857

State File No.

BIRTH NO. FILED FEB 5 1954 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>311 Van Buren</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>L</u>	c. (Last) <u>Strain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 22, 1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>section hand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Clay Co. Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Crocket Strain</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gaines</u>	14. NAME OF HUSBAND OR WIFE <u>Ellen Strain</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY # <u>493-14-1191</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer S. Strain, Springfield, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Several Mos</u> <u>one year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA TOSES.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CA of The colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 1/7, 1954, to 1/25, 1954, that I last saw the deceased alive on 1/25, 1954, and that death occurred at 4.45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. Fisher M.D.</u>	23b. ADDRESS <u>Lebanon, Mo</u>	23c. DATE SIGNED <u>1/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-28-1954</u>	REGISTRAR'S SIGNATURE <u>Mella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Lebanon Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received JAN 30 1954
Laclede County Health Unit
File No. 1-54-11
Date Filed FEB 4 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..... *S. P. Palmer*

Licensed Embalmer No. *3208*

P. O. Address *L. L. Palmer*

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.