No. 300
10-48

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

0582

FILED APR 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Potter 9319

State File No. 9319

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 373

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 310 Linn St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield 0582
d. STREET ADDRESS (If rural, give location): 310 Linn St

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ANDERSON
c. (Last): STRICKLAND JR

4. DATE OF DEATH (Month) (Day) (Year): Mar. 23-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Nov-23-1867
9. AGE (In years last birthday): 86 — If under 1 year: Months 4, Days 8 — 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:
11. BIRTHPLACE (State or foreign country): Roy Taylorville Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Strickland Sr
13b. MOTHER'S MAIDEN NAME: D.K.
14. NAME OF HUSBAND OR WIFE: Maggie Strickland

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.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Neiff Strickland Brookfield Mo

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) Cardiac Asthma — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 C
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:
19b. MAJOR FINDINGS OF OPERATION: 4222
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* 3-15, 1953, *to* 3-23, 1954, *that I last saw the deceased alive on* 3-19, 1954, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. H. Potter (Degree or title) D.O.
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 3-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/54
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cem
24d. LOCATION (City, town, or county) (State): Brookfield Mo

DATE REC'D BY LOCAL REG.: 3-30-54
REGISTRAR'S SIGNATURE: Nadine Stambach 167 dep.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: J. K. Blackstock Brookfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. M. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.