

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23847
State File No. 189FILED AUG 2 - 1954
BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5856 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Hopkins Twp.		c. LENGTH OF STAY (In this place) life	c. CITY OR TOWN Hopkins
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 0740	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) James c. (Last) Stringer			4. DATE OF DEATH (Month) (Day) (Year) July 22, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1882
9. AGE (In years last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Hopkins, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Samuel Stringer	13b. MOTHER'S MAIDEN NAME Lucinda Jones	14. NAME OF HUSBAND OR WIFE Hopkins, Mo. Maude Stringer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. J. Stringer ADDRESS Hopkins Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Cerebral thrombosis 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 related to the disease or condition causing death: Myocardial degeneration few days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332 X		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 1/1, 1944 to 7/22, 1954 that I last saw the deceased alive on 7/22, 1954 and that death occurred at 2:25 p. m., from the causes and on the date stated above.			
23a. SIGNATURE @ W. H. M. D.		23b. ADDRESS Hopkins	23c. DATE SIGNED 7/25/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 1954	24c. NAME OF CEMETERY OR CREMATOR Hopkins	24d. LOCATION (City, town, or county) (State) Hopkins, Mo.
DATE REC'D BY LOCAL REG. 8-30-54	REGISTRAR'S SIGNATURE Ben Holt	25. FUNERAL DIRECTOR'S SIGNATURE Stanley Dawson	ADDRESS Hopkins, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Murray, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley Swanson
Licensed Embalmer No. 39
P. O. Address Fopshui

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.