

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

136

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>512A</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give ORG. TOWN) <u>Scopus</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Scopus</u> <u>1090</u>		d. STREET ADDRESS (If rural, give location) <u>near Scopus</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loomis</u> b. (Middle) <u>Dale</u> c. (Last) <u>Strong</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13th 55</u>			
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 25th 1904</u>	
9. AGE (In years, Months, Days, Hours, Min.) <u>50</u> <u>6</u> <u>18</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Scopus Town Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S.</u>		13a. FATHER'S NAME <u>Logan Strong</u>		13b. MOTHER'S MAIDEN NAME <u>McCray</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Strong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>498-10-3322</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loomis Strong Jr. Scopus Mo.</u>			
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) <u>Angina pectoris</u> 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				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)		4202	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>JAN 13, 1955</u> , and that death occurred at <u>9:00 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gene Ward - Coroner</u>				23b. ADDRESS <u>Subsville Mo</u>		23c. DATE SIGNED <u>1-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 16th</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cook Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Scopus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-20-55</u>		REGISTRAR'S SIGNATURE <u>Willie VanCumber</u> <u>25-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baker Funeral Home Subsville</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

D. J. Baker

Licensed Embalmer No. *2573*

P. O. Address *The Travels MD*

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.