

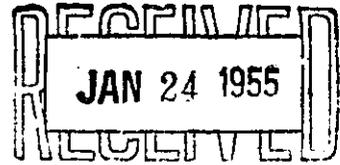
FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1542**

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>10</u>											
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Johnson</u>													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		05120											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				d. STREET ADDRESS (If rural, give location) <u>407 East Gay St.</u>													
3. NAME OF DECEASED (Type or Print)			a. (First) <u>GRACE</u>			b. (Middle) <u>IRENE</u>			c. (Last) <u>STRICKLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 15, 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 17, 1912</u>		9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u></u>		11. YEARS <u></u>		12. HOURS <u></u>		13. MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Edward Turner</u>				13b. MOTHER'S MAIDEN NAME <u>Christine Stigdon</u>				14. NAME OF HUSBAND OR WIFE <u>Barney W. Stricklen</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>486-26-7973</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mr. B.W. Stricklen, Warrensburg, Mo.</u>				ADDRESS <u></u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>												INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>																	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.																	
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								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) <u>170 X</u>									
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 <u>Jan</u> , 19 <u>52</u> to <u>I-15-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>I-15-</u> , 19 <u>55</u> , and that death occurred at <u>10:15P m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>R. Lee Cooper</u> (Degree or title) <u>M.D.</u>								23b. ADDRESS <u>Warrensburg, Missouri</u>				23c. DATE SIGNED <u>I-16-1955</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>January 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>							
DATE REC'D BY LOCAL REG. <u>Jan 17, 1955</u>				REGISTRAR'S SIGNATURE <u>Savannah Crutcher</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauning</u>				ADDRESS <u>Warrensburg, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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



JOHNSON COUNTY HEALTH DEPT.

VS OCT 4 1960

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 W. B. Suminger  
Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

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.