

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5602

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>			c. LENGTH OF STAY (In this place) <u>2 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> <u>0672</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 E. Cypress</u>				d. STREET ADDRESS (If rural, give location) <u>301 E. Cypress</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jeanette</u>		b. (Middle) <u>Estelle</u>		c. (Last) <u>Strathman</u>		
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>13,</u>		(Year) <u>1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Sept. 14, 1858</u>		9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months _____ Days _____	
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>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Horatio Barron</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Virginia Johnson</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. William L. Meyer, Charleston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u>				DUE TO (b) _____				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 _____				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>176 X</u>		_____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Nov 18, 1954</u> , to <u>Feb 13, 1955</u> , that I last saw the deceased alive on <u>Feb 12, 1955</u> , and that death occurred at <u>9:30P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William L. Davis M.D.</u>				23b. ADDRESS <u>Charleston, Mo.</u>		23c. DATE SIGNED <u>2-18-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/15/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-19-55</u>		REGISTRAR'S SIGNATURE <u>Jean Hearnes</u> <u>480</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1955

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed FEB 26 1955

MAR 5 1955

MAR 27 1955

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 John F. Munnell Jr
.....

Licensed Embalmer No. 385

P. O. Address Charleston, S.C.

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.