

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32637

State File No. ....

FILED OCT 17 1955

REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 105-

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Boonville</u> )		c. LENGTH OF STAY (In this place) <u>73 yr.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <u>Boonville</u>		STREET ADDRESS (If rural, give location) <u>746 Third St.</u>	
3. NAME OF DECEASED a. (First) <u>Clara</u> b. (Middle) <u>Stretz</u> c. (Last) <u>Stretz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wido wed</u>	8. DATE OF BIRTH <u>June 7, 18882</u>
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Haley</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Seat</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Stretz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Stretz</u>		ADDRESS <u>Kansas City, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial Hypertension</u> DUE TO (c) <u>331x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION <u>None</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Oct 9</u> , 19 <u>55</u> , to <u>Oct 13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 13</u> , 19 <u>55</u> , and that death occurred at <u>12:35 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>T. C. Beckett md</u> (Degree or title)		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>Oct 16, 1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/15/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove em.</u>	
24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman &amp; Boller</u>	
DATE REC'D BY LOCAL REG. <u>10/15/55</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381- (Licensed Embalmer's Statement on Reverse Side)	

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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.....  
Signature of Student Embalmer

Signed..... *William W. Wood*.....

Licensed Embalmer No. *453*

P. O. Address *Boonville,*

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.