

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32733

|  |                               |  |   |  |   |   |   |
|--|-------------------------------|--|---|--|---|---|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. 106   |   | PRIMARY REG. DIST. NO. 5420  |   | Registrar's No. 14  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dunklin, Holcomb Twp.</b>  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>  |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gibson Holcomb</b>   |                               | c. LENGTH OF STAY (In this place) <b>30 yrs.</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bibson</b>   |   | e 350   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home-City</b>   |                               |  |   | d. STREET ADDRESS (If rural, give location) <b>City</b>  |   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>EDITH</b>   |                               |  | b. (Middle) <b>ESTELLE</b>                                  |  | c. (Last) <b>STRAYHORN</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 3, 1955</b> |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                  | 8. DATE OF BIRTH <b>Sept. 11, 1902</b>                      |  | 9. AGE (In years last birthday) <b>53</b>                               | IF UNDER 1 YEAR Months  | IF UNDER 12 HRS. Hours Min.                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country) <b>Commerce, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                            |   |
| 13a. FATHER'S NAME <b>Edward Williams</b>  |                               |  | 13b. MOTHER'S MAIDEN NAME <b>Fannie G. Grandham</b>         |  | 14. NAME OF HUSBAND OR WIFE <b>L. R. Strayhorn</b>                      |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |                               | 16. SOCIAL SECURITY NO. <b>None</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>L. R. Strayhorn, Gibson, Missouri</b>   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral accident</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b> |   |   |   |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>July 1, 1955</b> to <b>Oct 3, 1955</b> , that I last saw the deceased alive on <b>Oct 3, 1955</b> , and that death occurred at <b>12:35 AM</b> from the causes and on the date stated above. |                               |  |   |  |   |   |   |
| 23a. SIGNATURE (Degree or title) <b>Wm. F. Cochran, M.D.</b>   |                               |  |   | 23b. ADDRESS <b>10...</b>  |   | 23c. DATE SIGNED <b>10/5/55</b>                                       |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 24b. DATE <b>Oct. 5, 1955</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Campbell, Missouri</b> |   |   |
| DATE REC'D BY LOCAL REG. <b>10-10-55</b>   |                               | REGISTRAR'S SIGNATURE <b>J. Anderson 89-1</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Laidess Funeral Home, Campbell, Mo</b>   |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNDEE COUNTY HEALTH  
DEPARTMENT 10-21-58  
COUNTY FILE NUMBER 10.53

APR 24 1958

**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

*Christina M. Landrum*

Licensed Embalmer No. 4227

P. O. Address *Campbell*

**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.