

FILED JAN 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 756

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Jefferson C ^{ty} ., Mo. b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Co. Jefferson City, Mo. c. LENGTH OF STAY (in this place) 6 Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cole c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lohman, Rural, Mo. d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Elvin c. (Last) Strobel		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Dec. 14 1950
9. AGE (In years last birthday) 5yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chld	
11. BIRTHPLACE (State or foreign country) Lohman, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lawrence Strobel		13b. MOTHER'S MAIDEN NAME Ellen Buchta	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. + Mrs. L. Strobel - Lohman Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral palsy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 351X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		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 Dec. 14, 1950, to Jan. 13, 1956, that I last saw the deceased alive on Jan. 12, 1956, and that death occurred at 1:30 AM from the causes and on the date stated above.	
23a. SIGNATURE John S. Sennett, M.D. (Degree or title)		23b. ADDRESS Jefferson City, Mo.	
23c. DATE SIGNED 1-13-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/15/56		24c. NAME OF CEMETERY OR CREMATORY Lohman Luth. Cem	
24d. LOCATION (City, town, or county) Lohman Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. 14 Jan 1956		REGISTRAR'S SIGNATURE R.P. Davis M.D. - M.R.	
25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Schubert		ADDRESS Russellville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Hugo H. Schubert*

..... Licensed Embalmer No. *2820*

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If **this** body is not embalmed, fact should be so stated above.