

FILED MAR 12 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 5571-56 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>	c. LENGTH OF STAY (in this place) Life.	c. CITY OR TOWN <u>Washington.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>913 High St.</u>		e. STREET ADDRESS (If rural, give location) <u>913 High St.</u> 0365	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kenneth</u>	b. (Middle) <u>Wayne</u>	c. (Last) <u>Strubberg</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 8th, 1956.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 13th, 1956.</u>	9. AGE (In years last birthday) <u>0</u> MONTHS <u>0</u> DAYS <u>25</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Herbert H. Strubberg.</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Bacon.</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u> <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert H. Strubberg</u>	ADDRESS <u>Washington, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>None</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial infarction</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>500X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-9-56, 1956, to 3-8, 1956, that I last saw the deceased alive on 3-7, 1956, and that death occurred at 1:00 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Elmer Washington</u>	23c. DATE SIGNED <u>Mar</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 9, 1956.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/9/56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg & Witt, Inc.</u>	ADDRESS <u>Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 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.....
Signature of Student Embalmer

Signed *Jerome F. Szabolcs*

Licensed Embalmer No. 450

P. O. Address *Washington*

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.