

FILED MAR 6 1956

## STANDARD CERTIFICATE OF DEATH

7853

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6229 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Vernon</b>																					
b. CITY OR TOWN <b>RURAL Lake Township, Mo.</b>		c. LENGTH OF STAY (in this place) <b>24 yrs</b>		c. CITY OR TOWN <b>Horton, Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At. Home</b>				e. STREET ADDRESS (If rural, give location) <b>R # 1, Horton, Mo. 1080</b>																					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Chester</b>			b. (Middle) <b>Leo</b>		c. (Last) <b>Strifler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 11 56</b>																		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Jan 24, 1900</b>		9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>BLAIN, KANSAS</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>														
13a. FATHER'S NAME <b>Peter Strifler</b>				13b. MOTHER'S MAIDEN NAME <b>Mary FITZGERALD</b>				14. NAME OF HUSBAND OR WIFE <b>Esther Strifler</b>																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Unknown</b>				16. SOCIAL SECURITY NO. <b>492-36-0784</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Strifler</b>				ADDRESS													
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>												ANTECEDENT CAUSES												<b>60 Min</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (b)													
												DUE TO (c)													
II. OTHER SIGNIFICANT CONDITIONS												<b>Coronary sclerosis</b>												<b>?</b>	
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)																	
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>Oct</b> , 1946, to <b>2-11</b> , 1956, that I last saw the deceased alive on <b>1-5</b> , 1956, and that death occurred at <b>10 A</b> m., from the causes and on the date stated above.																									
23a. SIGNATURE (Degree or title) <b>F. L. Martin</b>								23b. ADDRESS <b>Nevala, Mo.</b>				23c. DATE SIGNED <b>2-11-56</b>													
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>				24b. DATE <b>2-15-56</b>				24c. NAME OF CEMETERY OR CREMATORY <b>NEWTON BURIAL PARK</b>				24d. LOCATION (City, town, or county) (State) <b>NEVADA, MISSOURI</b>													
DATE REC'D BY LOCAL REG. <b>2-27-1956</b>				REGISTRAR'S SIGNATURE <b>Anna E. Ferry 456</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard S. Martin</b>				ADDRESS <b>Nevala, Mo.</b>													

(License Embalmer's Statement on Reverse Side)

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

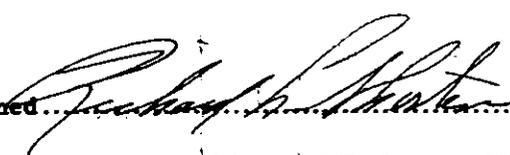
300  
48

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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 em-  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 421

P. O. Address Wade

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.