

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8537

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LINN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS' hospital				Length of stay in lb 1 hour		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ARTHUR Middle FRITZ Last STRATE			4. DATE OF DEATH Month APRIL Day 6 Year 1956					
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11 1918		9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months 6 Days 25 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auto parts			10b. KIND OF BUSINESS OR INDUSTRY Automobile Ind.		11. BIRTHPLACE (City and state or country) Hope Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frad Strate				14. MOTHER'S MAIDEN NAME Mary Stock				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World W.#2		16. SOCIAL SECURITY NO. 500-10-8407		17. INFORMANT Pearl Kosark Strate		Address Linn Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Nephritis & fatty infiltration							INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic lobar							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Jefferson City, Mo		COUNTY Mo		
21. I attended the deceased from April 5, 1956 , to April 6, 1956 and last saw ^{her} _{him} alive on Apr 6, 1956 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) L. B. J. Sheehan M.D.				22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 4-7-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/9/56	23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery		23d. LOCATION (City, town, or county) (State) Ryors Mo			
24. FUNERAL DIRECTOR Clyde Morton			ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 7 April 1956		26. REGISTRAR'S SIGNATURE R.P. Dorris MD-7R	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

2

160

18-0

APR 10 1958

APR 18 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 *Vernon M. Morton*

Licensed Embalmer No. *412*

P. O. Address *Linn*

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