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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14905

3656

FILED APR 26 1956

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>St. Louis</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 HOSPITAL OR INSTITUTION <u>City Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4425a Lafayette Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>	a. (First)	b. (Middle) <u>Strawhun</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1956</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Feb. 23, 1894</u>	9. AGE (in years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw-filer, Pittsburgh-Erie Saw Service</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> <u>Sullivan, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ira Claspill</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Snyder</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Earl Strawhun</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>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lawrence E. Strawhun, 4336 a McRee Ave.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease years</u>		<u>See years</u>
	DUE TO (c) <u>Hypertension</u>		<u>See years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) (Min.)	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 Nov., 1952, to 4-11, 1956, that I last saw the deceased alive on MAR. 21, 1956, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Hanson M.D.</u>	(Degree or title)	23b. ADDRESS <u>607 No GRAND</u>	23c. DATE SIGNED <u>4-12-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>APR 12 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	ADDRESS <u>3810 Lindell Blvd.</u>
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S.O. (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.....
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lu*.....

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.