

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24157

FILED/AUG 1 - 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 326

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Kansas</b><br>b. COUNTY <b>Cherokee</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Joplin</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Galena</b>  |  |
| c. LENGTH OF STAY (In this place)<br><b>2 days</b>                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>819 Short Street</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>                    |  |  |  |

|  |                          |                           |  |
|--|--------------------------|---------------------------|--|
| 3. NAME OF DECEASED<br>a. (First) <b>Warren</b><br>(Type or Print) | b. (Middle) <b>Murph</b> | c. (Last) <b>Stringer</b> | 4. DATE OF DEATH<br>(Month) <b>July</b> (Day) <b>22</b> (Year) <b>1956</b> |
|--|--------------------------|---------------------------|--|

|                    |                               |  |                                       |  |
|--------------------|-------------------------------|--|---------------------------------------|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>10-31-1879</b> | 9. AGE (In years last birthday) <b>76</b><br>if UNDER 1 YEAR Months Days<br>if UNDER 2 HRS. Hours Min. |
|--------------------|-------------------------------|--|---------------------------------------|--|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Assistant Postmaster</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Joplin, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--|---|--|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><b>Anthony W. Stringer</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Saphronia Stringer</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Bertha Dorman Stringer</b> |
|--|--|--|

|   |  |  |                                |
|---|--|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Bertha Stringer</b> | ADDRESS<br><b>Galena, Kans</b> |
|---|--|--|--------------------------------|

|   |   |   |   |
|---|---|---|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Just</b> |
|   | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  |   |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Advanced Arteriosclerosis</b> |   |   |
| DUE TO (c) _____  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Partial Rt Hemiplegia - Post Central Hemorrhage</b>                                 |   | <b>3 yrs -</b>  |   |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b> | 20. AUTOPSY?<br>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) (Min.) | 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 \_\_\_\_\_, 1952, to 22 July, 1956, that I last saw the deceased alive on 22 July, 1956, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

|  |                   |                                       |                                    |
|--|-------------------|---------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>Robert G. Powell M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>GALENA, KANSAS</b> | 23c. DATE SIGNED<br><b>7-23-56</b> |
|--|-------------------|---------------------------------------|------------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>7-23-56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Hill Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Galena, Kansas</b> |
|---|-----------------------------|--|--|

|  |  |   |                                  |
|--|--|---|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>7-23-56</b> | REGISTRAR'S SIGNATURE<br><b>Dorice Merriam</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Roy L. Derfelt</b> | ADDRESS<br><b>Galena, Kansas</b> |
|--|--|---|----------------------------------|

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

526

AUG 16 1958

NOV 20 1958

County File Number  
filed  
119-30-1958  
56-7-611

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, DERFELT FUNERAL HOME

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Salina Kansas

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