

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 626

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 626

1. PLACE OF DEATH a. COUNTY <u>Case Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Harrisonville Mo</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Springfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0399</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorris</u>	b. (Middle) <u>Lucile</u>	c. (Last) <u>Stracke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 19 1918</u>
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>8</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife & labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Duenweg, Mo. 6 M. west Joplin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Homer A. Shoopman</u>	13b. MOTHER'S MAIDEN NAME <u>Lola Yeary Shoopman</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Stracke</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>500-09-5106</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lola Shoopman 1724 Wall Joplin, Mo.</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock, profound</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>brain laceration and</u> DUE TO (c) <u>multiple fractures, bruises.</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>hi way 71</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville 01 Case Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-2-56 4Pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto collision</u>

22. I hereby certify that I attended the deceased from 9-2-, 1956, to 9-2-, 1956, that I last saw the deceased alive on 9-2-56, 1956, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwards S. Jones, M.D.</u>	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>9-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 7 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 13, 1956</u>	REGISTRAR'S SIGNATURE <u>Nora Barwood</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson Brothers Harrisonville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 12 1956

SEP 27 1956

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 *Perry J. Hickey*

Licensed Embalmer No. *4685*

P. O. Address *Harden City*

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.