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

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29595

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: STODDARD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PUXICO
c. LENGTH OF STAY (In this place): 29 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): REAGAN'S NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
d. STREET ADDRESS (If rural, give location): 100

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FRANKLIN
c. (Last): STRINGFELLOW

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: July 5, 1888
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 0, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN - BLUFF GANG (RET)
10b. KIND OF BUSINESS OR INDUSTRY: FRISCO RLWY. CO.
11. BIRTHPLACE (State or foreign country): CLEARWATER, FLORIDA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: FRANKLIN HUNTER STRINGFELLOW
13b. MOTHER'S MAIDEN NAME: (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: NANNIE STRINGFELLOW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MRS. OPAL COAKLEY — ADDRESS: CHAFFEE, MO.

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): 3rd degree burns and probable asphyxiation.

ANTECEDENT CAUSES — *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 — *Conditions contributing to the death but not related to the disease or condition causing death.*: 9167 40

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): nursing home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Puxico, Stoddard, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 30, 1956 10:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Nursing home burned.

22. *I hereby certify that I attended the deceased from* ------, 19__ *to* ------, 19__, *that I last saw the deceased alive on* ------, 19__, *and that death occurred at* 10:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Guy W. Gray — (Degree or title): Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 7-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-1-1956
24c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY
24d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI

DATE REC'D BY LOCAL REG.: 8/24/56
REGISTRAR'S SIGNATURE: Pearl Reed
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.

(Licensed Embalmer's Statement on Reverse Side)

90 c

SEP 11 1956

AUG 28 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 .....
Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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