

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42300

State File No. _____

FILED DEC 27 1956

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5875 Registrar's No. 23

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> | |
| b. CITY OR TOWN <u>Thomasville</u> | | c. CITY OR TOWN <u>Thomasville</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/> | | e. STREET ADDRESS (If rural, give location) <u>RFD 0150</u> | |
| c. LENGTH OF STAY (In this place) <u>54 yrs</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|--|---------------------------|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Simon</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Strong</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-1956</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | |
| 8. DATE OF BIRTH <u>9-15-1873</u> | | | 9. AGE (In years last birthday) <u>83</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>21</u> If UNDER 2 HRS: Hours <u></u> Min. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co., Mo</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Taylor Strong</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Nelson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oliver Strong</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <input checked="" type="checkbox"/> | | 16. SOCIAL SECURITY NO. <u></u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm S G. Strong</u> ADDRESS <u>Thomasville, Missouri</u> | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart, (Cardiopathy)</u> ANTECEDENT CAUSES DUE TO (b) <u>Lobar Pneumonia</u> DUE TO (c) <u>Senile body changes, and aged.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u> | | INTERVAL BETWEEN ONSET AND DEATH | |
|--|--|--|--|----------------------------------|--|

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|---|--|---|--|--|--|
| 19a. DATE OF OPERATION <u></u> | | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Thomasville Oregon Missouri</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u> | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u></u> | |

22. I hereby certify that I attended the deceased from 1-15, 1956, to 12-5, 1956, that I last saw the deceased alive on 12-4, 1956, and that death occurred at 2:00 m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE <u>Dr. William Carhart</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Alton, Missouri</u> | | 23c. DATE SIGNED <u>12-14-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | | 24b. DATE <u>12-8-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Huddlesford</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Alton Mo</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Johnson</u> ADDRESS <u>Alton, Mo</u> | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>12/17/56</u> | | REGISTRAR'S SIGNATURE <u>Mrs W. C. Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Johnson</u> ADDRESS <u>Alton, Mo</u> | |
|--|--|--|--|---|--|

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 

Licensed Embalmer No. 343

P. O. Address West Plains

.. 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.