

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 1 1957

BIRTH NO. ....		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Norborne.</u>		c. LENGTH OF STAY (In this place) <u>Egypt. Lifetime.</u>		c. CITY OR TOWN <u>Norborne.</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>506 south Walnut Street.</u>				e. STREET ADDRESS (If rural, give location) <u>506 South Walnut Street.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) <u>Henry</u> c. (Last) <u>Strathman.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22. 1957</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Feb. 13. 1889.</u>			
9. AGE (In years last birthday) <u>68.</u>		IF UNDER 1 YEAR Months <u>        </u> Days <u>        </u>		IF UNDER 11 WKS. Hours <u>        </u> Min. <u>        </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk in Tobacco Store.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>B&amp;H Store.</u>		11. BIRTHPLACE (City and State of Birth) <u>Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Julius Strathman.</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Darterding.</u>			14. NAME OF HUSBAND OR WIFE <u>None.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Strathman</u>		ADDRESS			
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>Lamunc's Fibrosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Diverticulosis of colon</u> Conditions contributing to the death but not related to the disease or condition causing death.								Probably <u>5</u> years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>				20. AUTOPSY? 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) <u>2</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>5-7-1953</u> , to <u>2-22-1957</u> , that I last saw the deceased alive on <u>2-22-1957</u> , and that death occurred at <u>2:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Rae E. Haskell</u>			23b. ADDRESS (Degree or title) <u>M.P. 212 South Pine Norborne, Mo</u>			23c. DATE SIGNED <u>2-23-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>Feb. 24/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 23-1957</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Kitch</u> ADDRESS <u>Norborne Mo</u>					

(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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John G Deitch.....

Licensed Embalmer No. 3654.....

P. O. Address Northampton.....

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.