

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 01 8 0 2 6
State File No.

FILED MAY 20 1957

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 5830 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route # 4 Sikeston		c. LENGTH OF STAY (in this place) 1 1/2 Yrs.	c. CITY OR TOWN Sikeston
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 4 Sikeston		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) CRESENCE O. STRASSER		4. DATE OF DEATH (Month) (Day) (Year) April 28, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 12, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	9. AGE (In years) (Last birthday) (Month) (Day) (Hour) (Min.) 49 8 16
11. BIRTHPLACE (City and State or Foreign Country) Lake Linden, Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Ongie		13b. MOTHER'S MAIDEN NAME Ollie Mohwab	14. NAME OF HUSBAND OR WIFE Frank Strasser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Strasser ADDRESS Rt. #4 Sikeston Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute myocardial infarction	
		ANTECEDENT CAUSES	
		Morbidity 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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	
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 <u>4-1</u> , 19 <u>57</u> , to <u>4-28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4-28</u> , 19 <u>57</u> , and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Morehouse, Missouri	23c. DATE SIGNED 4-30-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-1-57	24c. NAME OF CEMETERY OR CREMATORY Sikeston City Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, Missouri
DATE REC'D BY LOCAL REG. 5-1-57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Nunnlee Funeral Chapel Sikeston.	

DATE RECEIVED MAY 7 1957
NEW MADRID CO. HEALTH CENTER
P. J. Cassidy

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 Philip J. Cassidy
Licensed Embalmer No. 4618

P. O. Address Stkeston, MI

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.