

FILED JUL 9 1957

STANDARD CERTIFICATE OF DEATH

20001
STATE FILE NUMBER

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 57

300

056

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Liberal	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) Liberal	
3. NAME OF DECEASED (Type or print) First ELIZA		Middle ALICE	
Last STRICKLAND		4. DATE OF DEATH Month July Day 3 Year 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 15 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Lancashire, England		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Joseph Travis		13b. MOTHER'S MAIDEN NAME Mary Clough	
14. NAME OF HUSBAND OR WIFE Charles Strickland		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address James Travis, Liberal, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stomach cancer			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Liberal, Mo	
20g. COUNTY Barton (Mo)		20h. STATE Mo	
21. I attended the deceased from March 15 57 to July 8 and last saw her alive on July 2 57 Death occurred at 1:25 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D.A. Guillard (Degree or title)		22b. ADDRESS Liberal, Mo	
22c. DATE SIGNED 7-3-57		22d. SIGNATURE Marie Konantz	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 5 1957	
23c. NAME OF CEMETERY, OR CREMATORY Liberal Cemetery		23d. LOCATION (City, town, or county) (State) Liberal, Missouri	
24. FUNERAL DIRECTOR H.P. Moonchan		25. DATE RECD. BY LOCAL REG. JUL 5 - 57	
ADDRESS Arden Ave		26. REGISTRAR'S SIGNATURE Marie Konantz	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 5 1958

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student ~~Signature~~
Signature of Student Embalmer

Signed *A. J. Moorahan*

Licensed Embalmer No. *3616*
P. O. Address *Armadillo, Tex*

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.