

FILED JUL 8 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 227

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. M. Lee, M.D.

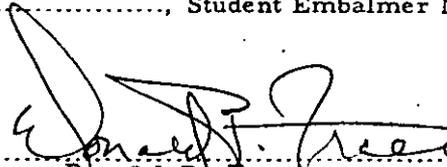
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole					
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) 1004 Monroe Street			Length of stay in lb HOSPITAL OR INSTITUTION 45 days		d. STREET ADDRESS 1004 Monroe Street		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) HENRY MARTIN STROBEL				First Middle Last		4. DATE OF DEATH June 30th '57		Month Day Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov 10th '78		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewer		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (City and state or country) Lohman, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Erhardt Strobel				14. MOTHER'S MAIDEN NAME Johanna Blank					
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. 490-09-6412		17. INFORMANT Mrs H Martin Strobel Jefferson City Mo					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio sclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Coronary heart disease. Cerebral hemorrhage.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 years.</u>	
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.) <u>4701</u>						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE				
21. I attended the deceased from <u>1/5/54</u> to <u>6/30/57</u> and last saw her alive on <u>6/24/57</u> . Death occurred at <u>11 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Edward Lee M.D.</i>					22b. ADDRESS <u>Jefferson City Mo</u>		22c. DATE SIGNED <u>7/2/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 2nd '57		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery			23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri		
24. FUNERAL DIRECTOR Tanner Funeral Home Jefferson City, Mo.				25. DATE RECD. BY LOCAL REG. 2 July 1957		26. REGISTRAR'S SIGNATURE <i>R.P. Davis, M.D. - M.R.</i>			

AUG 8 1951

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 
Donald P. Freeman

Licensed Embalmer No. 46

P. O. Address Jefferson Co.
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.