S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24285

State File No.

FILED JUL 16 1957

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4205 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilman City
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilman City
d. STREET ADDRESS (If rural, give location): D 410

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Franklin
c. (Last): Streett

4. DATE OF DEATH (Month) (Day) (Year): 6-16-1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-16-1887
9. AGE (In years last birthday): 69 — If under 1 year: Months 3, Days 0; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Streett
13b. MOTHER'S MAIDEN NAME: Ada Ramsey
14. NAME OF HUSBAND OR WIFE: Willard Streett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-44-7830
17. INFORMANT'S SIGNATURE OR NAME: Marvin Streett — ADDRESS: Bethany Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): High Blood Pressure

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1956, *to* June 16, 1957, *that I last saw the deceased alive on* June 6, 1957, *and that death occurred at* 8 A.M. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Wilmeswood D.O.
23b. ADDRESS: Gilman City Mo
23c. DATE SIGNED: June 18 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-19-1957
24c. NAME OF CEMETERY OR CREMATORY: Christian Union
24d. LOCATION (City, town, or county) (State): Near Gilman City Mo

DATE REC'D BY LOCAL REG.: July 13 1957
REGISTRAR'S SIGNATURE: Zella Mayes
25. FUNERAL DIRECTOR'S SIGNATURE: M B Hand — **ADDRESS**: Bethany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

547

JUL 6 1957

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 _____
Student Embalmer

Signed M B Hoar

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

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 this body is not embalmed, fact should be so stated above.