

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32453

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 115

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

| | | | | | |
|---|-----------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Johnson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Rural: Simpson | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burris Nursing Home 6 Weeks | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) RFD 1 Concordia | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Leonhard Middle Strahle Last Strahle | | | 4. DATE OF DEATH Month Oct. Day 3, Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE Cau | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 14, 1866 | 9. AGE (In years of birthday) 91 | IF UNDER 1 YEAR Months 0 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | | 10b. KIND OF BUSINESS OR INDUSTRY Steel Mill | 11. BIRTHPLACE (City and state or country) Lansing, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Leonhard Strahle | | 13b. MOTHER'S MAIDEN NAME Josephine Studder | | 14. NAME OF HUSBAND OR WIFE Mary E. Brunner (Dec) | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address L.J. Strahle, RFD 1, Concordia, 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) chronic myocarditis | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222 | | | | | 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | | | |
| 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 | | COUNTY _____ STATE _____ |
| 21. I attended the deceased from Aug 19, 57 to Oct 3, 57 and last saw ^{her} alive on Oct 3, 57 Death occurred at 11 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>W. Sweeney, Jr.</i> | | | 22b. ADDRESS Warrensburg, Mo | | 22c. DATE SIGNED Oct 5, 57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 6 Oct 57 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery | | 23d. LOCATION (City, town, or country) (State) Leavensworth, Kansas |
| 24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo. | | | 25. DATE RECD. BY LOCAL REG. Oct. 6, 1957 | 26. REGISTRAR'S SIGNATURE <i>Lawrence C. Critchfield</i> | |

OCT 25 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 Signature of Student Embalmer

Signed *John P. Rodgers*

Licensed Embalmer No. 4963 P. O. Address Warrensburg, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.