

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38204

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9271

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits • Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Arcadia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo. Baptist Hospital		Length of stay in 1b	d. STREET ADDRESS 31		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Belle Strahl			4. DATE OF DEATH Month Day Year Oct. 3, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1876	9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Fairfield, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Jerry Windle		13b. MOTHER'S MAIDEN NAME Sarah Miller		14. NAME OF HUSBAND OR WIFE William	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or date of service No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Home For The Aged, Ironton, 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) Arteriosclerotic Heart Disease DUE TO (b) A arricular Fibrillation DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Fracture Rt Hip					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell out of Bed			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. approx 8/15		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 31 - Maxima Home			
21. I attended the deceased from Death occurred at 3:10 AM		20f. CITY, TOWN, OR LOCATION COUNTY STATE Ironton, Mo.			
21. I attended the deceased from 8/19/57, to 10/3/57 and last saw her alive on 10/12/57 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE C. R. Dalton		22b. ADDRESS 453 N. Paylor	
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED 10/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-3-57	23c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery		23d. LOCATION (City, town, or county) (State) Ironton, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe		ADDRESS 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. OCT 4 57	26. REGISTRAR'S SIGNATURE Carl Smith Mo m 83

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Elmer R. Gadowell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.