

Health, Welfare, Public Service, 0070, 300, 1-56, 17, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All deaths, coronel, etc. must use only standard nomenclature in item 10 - no symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013203

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 27 Primary Registration District No. 4037 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Bates -Walnut Twp.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Foster		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Foster Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Foster Mo.			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Foster Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles G. Middle Last Strait				4. DATE OF DEATH Month 3 Day 23 Year 58				
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 June 11/1896	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic			10b. KIND OF BUSINESS OR INDUSTRY auto repairs		11. BIRTHPLACE (City and state or country) Stotesbury Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Strait				14. MOTHER'S MAIDEN NAME Inie Strait				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or date of service) yes WW #1		16. SOCIAL SECURITY NO. 500-22-4856		17. INFORMANT Address Bladys Strait-Foster 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) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							4201	
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"/> 2	
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 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 9:45 AM March 23, 1958 to March 25, 1958 and last saw her alive on 3-28-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Fred E. Daulap D.O.				22b. ADDRESS Pleasanton Kansas			22c. DATE SIGNED 3-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/26/58	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) Butler Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo				25. DATE RECD. BY LOCAL REG. Mar. 26-1958		26. REGISTRAR'S SIGNATURE Randall K...		

(Licensed Embalmer's Statement on Reverse Side)

APR 25 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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert G. Stimbuck*

Licensed Embalmer No. *460*

P. O. Address *Battle*

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.