

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013690
STATE FILE NUMBER

FILED MAY 9 1958 Registration District No. 96 Primary Registration District No. 5353 Registrar's No. 28

5. 300
1-57
0300

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		c. CITY OR TOWN <u>Buffalo, Mo. R.D.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Leoise. S.E. of Buffalo</u>		d. STREET ADDRESS (If outside, give location) <u>Leoise. S.E. of Buffalo</u>	

3. NAME OF DECEASED (Type or print) First <u>EMMETT</u> Middle <u>T.</u> Last <u>STRICKLAND</u>			4. DATE OF DEATH Month <u>3</u> Day <u>20</u> Year <u>1958</u>		
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5. SEX <u>m</u>	6. COLOR OR RACE <u>au</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-4-1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. <input checked="" type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Dallas co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Edwin Strickland</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Dyer</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Strickland</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>4500F</u>	17. INFORMANT Address <u>Frances Strickland Buffalo, Mo.</u>
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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>Krema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 day</u> <u>8-10 yrs</u>
DUE TO (b) <u>Arterio sclerosis</u>		
DUE TO (c) <u>Fractured femur right</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour _____ 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 <u>Buffalo</u>	COUNTY <u>Dallas</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>4-19-57</u> , to <u>2-11-58</u> and last saw her alive on <u>2-11-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>A. E. Puffer</u> (Degree or title) <u>MSO</u>	22b. ADDRESS <u>Buffalo Mo</u>	22c. DATE SIGNED <u>4-29-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-22-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>anacodia</u>	23d. LOCATION (City, town or county) (State) <u>Buffalo, Mo.</u>
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24. FUNERAL DIRECTOR <u>L. B. Jones</u>	ADDRESS <u>Buffalo, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5/7/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Grace Petree</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo, 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.