

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022618

STATE FILE NUMBER 13
Registrar's No. 16-58

Registration District No. 211 Primary Registration District No. 4324

FILED JUN 23 1958

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TUSCUMBIA</u>		c. CITY OR TOWN <u>EIDON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphreys Hosp</u>		Length of stay in lb <u>1 da</u>	
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>E.</u> Last <u>STRANGE</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>10</u> Year <u>1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</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>FEB. 9, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MILLER CO., MO.</u>
13a. FATHER'S NAME <u>JOHN STRANGE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GARNER</u>	14. NAME OF HUSBAND OR WIFE <u>HANNAH W. STRANGE</u>
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>NONE</u>	17. INFORMANT <u>MRS. HANNAH STRANGE</u> Address <u>EIDON, MO.</u>
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cirrhosis of Liver -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<u>5810</u>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 from <u>6-9-58</u> to <u>6/10/58</u> and last saw <u>him</u> alive on <u>6-10-58</u> Death occurred at <u>5:45</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. E. Humphreys, Jr. D.D.</u> (Degree or title)		22b. ADDRESS <u>Tuscomb, Mo.</u>	22c. DATE SIGNED <u>6-12-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE 15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	23d. LOCATION (City, town, or county) (State) <u>EIDON MO.</u>
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>June 17, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. W. E. Kallenbach</u>

S. 300
v. 1-57
0

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

RECEIVED

JUN 20 '58

**Miller County
Health Department**

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 *Louis N. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Madison*

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.