

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023031
STATE FILE NUMBER

Health,
& Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE		c. CITY OR TOWN FREDERICKTOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.		d. STREET ADDRESS 404 WEST MAIN ST.	
3. NAME OF DECEASED (Type or print) First CHLOE Middle BELLE Last STRONG		4. DATE OF DEATH JUNE 7, 1958	
5. SEX FEMALE	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 OCT. 7, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) PERRY COUNTY, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME JAMES P. DUNN		14. MOTHER'S MAIDEN NAME KATHERINE KRAUSS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MR. CURTIS STRONG		FREDERICKTOWN, 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) Cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 WKS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c) 332X			
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 1:34 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 Bonne Terre, Mo. COUNTY STATE	
21. I attended the deceased from 6/1/58 to 6/7/58 and last saw her ^{alive} on 6/7/58 Death occurred at 1:34 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Diasse or title)		22b. ADDRESS Bonne Terre, Mo.	
22c. DATE SIGNED 6/11/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/9/58	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY	23d. LOCATION (City, town, or county) (State) ADVANCE, MO.
24. FUNERAL DIRECTOR NAJIM FUNERAL HOME		25. DATE RECD. BY LOCAL REG. June 11, 1958	25. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1958

8561 72 NMP

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
Charles McSally

Licensed Embalmer No. 48

P. O. Address *Fredens*

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.