

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045132

STATE FILE NUMBER

484

FILED DEC 22 1958

Registration District No.

274

Primary Registration District No.

59310

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Pettis Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper Co</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ottumville Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Clifton City Mo</u> 0270 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smithton Mo</u>		Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>John Armstead Streit</u>			4. DATE OF DEATH Month Day Year <u>Dec 19 58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Dec-7-1874</u>	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>84</u> <u>12</u> <u>0</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Clifton City-Country</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Streit</u>	13b. MOTHER'S MAIDEN NAME <u>Lou Steggs</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie</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>49-40-3236</u>	17. INFORMANT <u>Maurine Bluhm</u> Address <u>Smithton Mo</u>	

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>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>Unknown</u>
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input 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.)	
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, -ctory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1958 to Dec. 19, 1958 and last saw him alive on Dec. 18, 1958  
Death occurred at 8:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>T.S. Hopkins, M.D.</u>	22b. ADDRESS <u>1609 S. First Sedalia, Mo.</u>	22c. DATE SIGNED <u>12/30/58</u>
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-21-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon</u>	23d. LOCATION (City, town, or county) (State) <u>Rural Cooper, Mo</u>
--	------------------------------	--	--

24. FUNERAL DIRECTOR <u>Newmege Funeral Home, Smithton Mo</u>	ADDRESS <u>12-21-1958</u>	25. DATE RECD. BY LOCAL REG. <u>12-21-1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
--	------------------------------	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard D. Conn* .....

Licensed Embalmer No. *4703* .....

P. O. Address *Lipton, 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.