FILED JAN 21 1959

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

59-002079

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. Registrar's No. 13

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Macon~~ Hudson
c. LENGTH OF STAY (In this place): 44 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lakeview Rosthome

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hunnewell 1022
d. STREET ADDRESS (If rural, give location): Town Limits

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jerry
b. (Middle): William
c. (Last): Stricklin

**4. DATE OF DEATH** (Month) (Day) (Year): 1 7 59

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): W 2
**8. DATE OF BIRTH**: Sept 16, 1872
**9. AGE** (In years last birthday): 86 — IF UNDER 1 YEAR: Months 3 Days 21 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work doing during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: ------
**11. BIRTHPLACE** (State or foreign country): Virginia
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: David Stricklin
**13b. MOTHER'S MAIDEN NAME**: Sarah Jones
**14. NAME OF HUSBAND OR WIFE**: Leota K. Stricklin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Calla Sunderland **ADDRESS**: Macon, Mo.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) acute peripheral vascular collapse — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) toxemia — 36 hrs
DUE TO (c) first and second degree burns about chest and face — 3 days

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 9160

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 16
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): home
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Macon 061 Macon Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 1 4 59 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** burns occurred while smoking in bed.

22. *I hereby certify that I attended the deceased from* 11-23, 1958, *to* 1-7-, 1959, *that I last saw the deceased alive on* 1-7-59, 19__, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. L. Murden D.O.
**23b. ADDRESS**: Macon, Missouri
**23c. DATE SIGNED**: 1-9-59

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1/10/1959
**24c. NAME OF CEMETERY OR CREMATORY**: Callao Cemetery
**24d. LOCATION** (City, town, or county) (State): Callao, Missouri

**DATE REC'D BY LOCAL REG.**: 1/9/59
**REGISTRAR'S SIGNATURE**: Ruth McCreely
**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**: Harold Garner Monroe City MO

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINTI—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

## 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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. #720

P. O. Address Monroe City Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.