Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-002224
STATE FILE NUMBER

FILED JAN 23 1959 Registration District No. 267 Primary Registration District No. 5907 Registrar's No. 11

**1. PLACE OF DEATH**
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Portageville Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Swift — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Mrs Early Swift — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First Ephram Middle Last Strong

**4. DATE OF DEATH** Month Jan Day 2 Year '59

**5. SEX** M **6. COLOR OR RACE** Negro **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH** April 15 1883 **9. AGE** (In years last birthday) 75 — IF UNDER 1 YEAR: Months 8 Days 27 Hours 12 Min. 26 — IF UNDER 24 HRS.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Common Labored **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (City and state or country) Mississippi **12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** Ephram Strong **13b. MOTHER'S MAIDEN NAME** Name Don't Know **14. NAME OF HUSBAND OR WIFE** Lucy Strong

**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.** 491-36-6472 **17. INFORMANT** Willie Strong Saginaw Mich

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown natural
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Senility 4500

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **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 ☐ NOT WHILE AT WORK ☐ **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 Dec 23 1958, to Dec 28 1958 and last saw him alive on Dec 28 1958
Death occurred at Jan 2 1959 12 26 P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Daniel R Hensley C **22b. ADDRESS** PO Box 296 Wardell Mo **22c. DATE SIGNED** Jan 17 1959

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **23b. DATE** Jan 4 59 **23c. NAME OF CEMETERY OR CREMATORY** St. Paul Cemetery **23d. LOCATION** (City, town, or county) (State) Wardell, Mo

**24. FUNERAL DIRECTOR** Bostick **ADDRESS** Lilbourn **25. DATE REGD. BY LOCAL REG.** 1-16-59 **26. REGISTRAR'S SIGNATURE** John W. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 26 1959

[illegible] Lew No 2627. Lebanon MO