THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008203
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Warrenton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): N. East St. — Length of stay in Ib: 14 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Warren
c. CITY OR TOWN: Warrenton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): N. East St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Margaret Middle: Ellen Last: Strack

4. DATE OF DEATH Month Day Year: Feb. 21, 1959

5. SEX: Female **6. COLOR OR RACE:** White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Apr. 11, 1876

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Lincoln County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Malicoat
13b. MOTHER'S MAIDEN NAME: Louisa Morris
14. NAME OF HUSBAND OR WIFE: Charles Strack, decd.

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 Address: Mrs. Theo. Lockhart, Warrenton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Failure	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Generalized Arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4 200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 2-20-59 to 2-21-59 and last saw her ~~him~~ alive on 2-21-59
Death occurred at 10:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. M. MacRae D.O.
22b. ADDRESS: Warrenton Mo.
22c. DATE SIGNED: 2-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-24-59
23c. NAME OF CEMETERY OR CREMATORY: Bellflower Cemetery
23d. LOCATION (City, town, or county) (State): Bellflower, Mo.

24. FUNERAL DIRECTOR ADDRESS: F.W.Nieburg & Co., Warrenton, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 24, 1959
26. REGISTRAR'S SIGNATURE: Floyd Logan

(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.

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 John F. Lieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, [illegible]

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.