

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014331

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 267

Primary Registration District No.

Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Demasco</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before death (person) a. STATE <u>Mo.</u> b. COUNTY <u>Demasco</u>	
b. CITY (If outside Corporate Limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Hayti</u> 0750	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Hayti Heights</u>	
3. NAME OF DECEASED (Type or print) First <u>Wess</u> Middle <u>Strong</u> Last <u>Strong</u>		4. DATE OF DEATH Month <u>4</u> Day <u>6</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</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>7-15-1898</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Laborer</u>	
11. BIRTH PLACE (City and state or country) <u>Miss U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wess Strong</u>		13b. MOTHER'S maiden NAME <u>Madeith Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby Jackson</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. <input checked="" type="checkbox"/>		17. INFORMANT <u>Leola Strong</u> Address <u>Hayti Miss</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>cerebral apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalized</u>			<u>5 yrs.</u>
DUE TO (c) <u>cardio-vascular disease</u>			<u>5 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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		COUNTY STATE	
21. I attended the deceased from <u>5-1-59</u> to <u>5-6-59</u> and last saw her alive on <u>5-6-59</u> Death occurred at <u>5-6-59 5:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Leola Strong</u>		22b. ADDRESS <u>Hayti, Mo.</u>	
22c. DATE SIGNED <u>5-7-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-8-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>		23d. LOCATION (City, town, or county) (State) <u>Pasola, Mo.</u>	
24. FUNERAL DIRECTOR <u>T.J. Smith</u> ADDRESS <u>Hayti Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>5/9/59</u>	
26. REGISTRAR'S SIGNATURE <u>Paleria Proham</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

3501 3 1 1959

MAY 1 1959

CARLTONSVILLE, MO

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 *L. M. Hill*

Licensed Embalmer No. *2627*

P. O. Address *Hellbroun Rd*

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.