URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1959 4

59-035067
STATE FILE NUMBER

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Quitman
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) none
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROSA; Middle; Last STRICKLER
4. DATE OF DEATH: Month 10; Day 24; Year 59
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/28/76
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HR: 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): Skidmore, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Roberts
13b. MOTHER'S MAIDEN NAME: Clark
14. NAME OF HUSBAND OR WIFE: James E. Strickler, dec.
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: Dr. Bert Strickler, Skidmore, 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)	Pulmonary Embolism	10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Auricular Fibrillation	Unknown
DUE TO (c)	Arteriosclerotic Heart Disease	Unknown

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 10/20/59, to 10/24/59 and last saw him alive on 10/24/59
Death occurred at 10:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward G. Bass (Degree or title) M. D.
22b. ADDRESS: Tarkio, Missouri
22c. DATE SIGNED: 10/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/26/59
23c. NAME OF CEMETERY OR CREMATORY: Masonic
23d. LOCATION (City, town, or county) (State): Skidmore, Missouri

24. FUNERAL DIRECTOR: Price Funeral Home, Maryville, Mo ADDRESS
25. DATE RECD. BY LOCAL REG.: Oct 28, 1959
26. REGISTRAR'S SIGNATURE: Tharwin F. Schaeler

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Curtis C. Kenile

Signature of Student Embalmer

Licensed Embalmer No. 4936

P. O. Address Manzilla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.