URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959

59–037196

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 117

ENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Cook

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Cullen — Length of stay in 1b: -

c. CITY OR TOWN: Hillside — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hwy 66 5 Mi E Waynesville — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 5157 Washington St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Louise Middle: Loida Last: Strunk

4. DATE OF DEATH: Month: October Day: 13 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Jan 27 1898

9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months 8 Days 16 — 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: Domestic

11. BIRTHPLACE (City and state or country): Arkansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Barnes

13b. MOTHER'S MAIDEN NAME: Lydia Hawkins

14. NAME OF HUSBAND OR WIFE: Henry L Strunk

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.: UNKNOWN

17. INFORMANT: Henry L Strunk — Address: 5157 Washington St Hillside Illinois

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

IMMEDIATE CAUSE (a): Masceration of Brain — INTERVAL BETWEEN ONSET AND DEATH: 10 Min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Auto Accident

DUE TO (c):

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.)
Victim apparently fell from vehicle

20c. TIME OF INJURY: Hour 4 a.m. ☒ p.m. ☒ — Month, Day, Year: 10 13 59 while same was skidding.

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.): Hwy 66

20f. CITY, TOWN, OR LOCATION: Cha stains Ct — COUNTY: Pulaski — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B Hedges (Degree or title): Coronor

22b. ADDRESS: Richland Missouri

22c. DATE SIGNED: 10 14 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-14-59

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

23d. LOCATION (City, town, or county) (State): Forest Park Illinois

24. FUNERAL DIRECTOR: B Hedges — ADDRESS: Hedges Funeral Homes Inc Crocker Mo

25. DATE RECD. BY LOCAL REG.: 10-14-59

26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, I

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