

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038690**

**FILED VS OCT 20 1959**

360

Primary Registration District No. 3076

Registrar's No. 212

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		Length of stay in 1b <b>75 yrs.</b>	c. CITY OR TOWN <b>Nevada, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>#830 West Hunter Street Manlove Nurs. Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>102 West Grand</b>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Strange</b> Last <b>Strange</b>			4. DATE OF DEATH Month <b>October</b> Day <b>12</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-28-1878</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months <b>7</b> Days <b>12</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and state or country) <b>Clinton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Russell Strange</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Joseph</b>		14. NAME OF HUSBAND OR WIFE <b>never married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>1952 N-Main Mrs. Jennie Cohick, Nevada, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
DUE TO (b) <b>Chronic Hypertensive Heart Disease</b>					<b>several yrs</b>
DUE TO (c) <b>Arteriosclerosis</b>					<b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Very extensive cerebral arteriosclerosis.</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <b>Sept. 8, 1959</b> to <b>Oct. 12, 1959</b> and last saw her <sup>alive</sup> on <b>Oct. 5, 1959</b> Death occurred at <b>Nevada, Mo.</b> <b>Noon</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. B. Gray</i> (Degree or title) <b>R. B. Gray M. D.</b>			22b. ADDRESS <b>Moore Bldg., Nevada, Missouri</b>		22c. DATE SIGNED <b>10/14/'59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-14-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>		
24. FUNERAL DIRECTOR <b>Hays Funeral Service, Inc.</b> ADDRESS <b>Nevada, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>10-15-1959</b>	26. REGISTRAR'S SIGNATURE <i>Anna J. Gray</i>		

DOCUMENT

MEDICAL CERTIFICATION

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 me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Richard L. Griffin*

Licensed Embalmer No. 5053

P. O. Address W. H. H. H.

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.