

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**60-015087**

FILED VS APR 25 1960

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Newell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ark</u> b. COUNTY <u>Juelson</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newell</u>		Length of stay in 1b <u>4 1/2</u>	c. CITY OR TOWN <u>Viola</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or print) First <u>Norman E.</u> Middle <u>Strand</u> Last <u>Strand</u>			4. DATE OF DEATH Month <u>4</u> Day <u>9</u> Year <u>60</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-25-87</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state (or country)) <u>Mo U S A</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
13a. FATHER'S NAME <u>Emery Strand</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>045 668 2862</u> INFORMANT <u>Dr. Marie Jal</u> Address <u>✓</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>Cardiac decompensation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 Hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accident</u>					<u>5 days</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>					<u>Apprx. 15 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>					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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>11:15 P.</u> Month, Day, Year <u>4-6-1960</u>		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 <u>4-6-1960</u> to <u>4-9-1960</u> and last saw him alive on <u>4-9-1960</u> Death occurred at <u>11:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Marie P. Pritchard, R.O.</u>			22b. ADDRESS <u>913 W. Main, West Plains, Mo.</u>		22c. DATE SIGNED <u>4/15/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4-11-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Edging</u>		23d. LOCATION (City, town, or county) (State) <u>Mo U S A</u>
24. FUNERAL DIRECTOR <u>Robertson's West Plains, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-18-60</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*A. S. Roberts*

Licensed Embalmer No. 343

P. O. Address West Va

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.