

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960

-60-046735

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 151

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Linn</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield, Mo.</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		c. CITY OR TOWN <u>Bucklin, Mo.</u>	
Length of stay in 1b <u>2 Weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First <u>Lula</u> Middle <u>Strahlman</u> Last <u>Strahlman</u>				4. DATE OF DEATH Month <u>December</u> Day <u>20</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>6/15/1899</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Montecello, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Disa Walden</u>			14. NAME OF HUSBAND OR WIFE <u>Monty Strahlman</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. <u>329-22-9851</u>		17. INFORMANT Address <u>Monty Strahlman, Bucklin, Missouri</u>			
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) <u>Circulatory Collapse</u>						<u>72 hrs.</u>	
DUE TO (b) <u>Severe Cerebral accident</u>						<u>72 hrs.</u>	
DUE TO (c) <u>Hypertensive heart disease and generalized debility.</u>							
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. <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 <u></u> Month, Day, Year <u></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>Feb. 1945</u> to <u>Dec. 20, 1960</u>				and last saw her/him alive on <u>Dec. 20, 1960</u>			
Death occurred at <u>2:40 am</u> on <u>2:40a</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John W. White, D. O.</u>				22b. ADDRESS <u>Brookfield, Mo.</u>		22c. DATE SIGNED <u>12/20/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/22/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>LaPlata, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Larson Funeral Service, Bucklin, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-27-60</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson dep.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 1960

DEC 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missou

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