

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023870

AMENDED

FILED JUL 17 1961

Primary Registration District No. 3000 Registrar's No. 185

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville, Missouri		Length of stay in lb 6 days	c. CITY OR TOWN Bethel, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Herman Fred Stricklin			4. DATE OF DEATH Month Day Year June 13 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar. 22, 1917.
9. AGE (last birthday) 44		IF UNDER 1 YEAR Months 2 Days 21	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr. & Surgeon		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chester, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Herman A. Stricklin	
13b. MOTHER'S MAIDEN NAME Alice Braden		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War 2		16. SOCIAL SECURITY NO.	17. INFORMANT Address James W. Stricklin, Danville, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Uremia DUE TO (c) Acute Renal Failure of Undetermined Cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Extensive toxicologic examination were performed and all were negative for barbiturates or heavy metals. These tests however would be expected to be negative since the patient survived for several days. The finding of the kidneys and lungs however are compatible with those of barbiturate poisoning.			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. PLACE AND DATE OF INJURY OCCURRED
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 8:13 p _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Nov E. Foster</i> Nov E. Foster (Degree or title) Coroner		22b. ADDRESS Kirkville, Adair, Mo.	22c. DATE SIGNED 7/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 16, 1961	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	23d. LOCATION (City, town, or county) (State) 1mi. West of Bethel, Mo.
24. FUNERAL DIRECTOR C.W. Musgrove, Bethel, Missouri.	25. DATE RECD. BY LOCAL REG. June 13, 1961	26. REGISTRAR'S SIGNATURE <i>Dora W. Ratliff</i>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 21 1961

AUG 29 1961

1961 8 1 700 SA

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,
for by Self Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Burnsgrave

Licensed Embalmer No. 2719

P. O. Address Bethel, Mo

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.