

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009641

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 354 Primary Registration District No. 6198 Registrar's No. 9

STATE FILE NUMBER

FILED FEB 26 1962

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Texas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cass twp. | | Length of stay in 1b 1 day | c. CITY OR TOWN Cabool |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. E. of Cabool | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Virginia Middle May Last Strong | | | 4. DATE OF DEATH Month 2 Day 19 Year 1962 | | |
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|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/18/1930 | 9. AGE (last birthday) 31 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Marshfield, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
|---|-----------------------------------|--|---|

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| 13a. FATHER'S NAME John Strong | 13b. MOTHER'S MAIDEN NAME Pearl Hall | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Pearl Sweet, Cabool, Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wide spread Metastasis of Cervical Cancer | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| DUE TO (b) CERVICAL CANCER | | |
| DUE TO (c) | | |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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.) |
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|---------------------------------------|------------------|
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
|---------------------------------------|------------------|

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|--|--|------------------------------|--------|-------|
| 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 **Oct 1961** to **2/19/62** and last saw her ^{her} _{him} alive on **2/19/62**
Death occurred at **10:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|-----------------------------------|------------------------------------|
| 22a. SIGNATURE J.L. Spear, M.D. (Degree or title) | 22b. ADDRESS Cabool, Mo | 22c. DATE SIGNED 2/21/62 |
|---|-----------------------------------|------------------------------------|

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|--|-----------------------------|--|---|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2/22/62 | 23c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery | 23d. LOCATION (City, town, or county) Cabool, Mo. | (State) |
|--|-----------------------------|--|---|---------|

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|--|-------------------------------|--|--|---|
| 24. FUNERAL DIRECTOR Elliott-Gentry, | ADDRESS Cabool, Mo. | 25. DATE RECD. BY LOCAL REG. 2-26-62 | REGISTRAR'S SIGNATURE Raymond Cunningham | 7 |
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VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 James L. Rearty

Licensed Embalmer No. 4718

P. O. Address Calver, Md.

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.