

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010341

STATE FILE NUMBER

Registration District No. 096. Primary Registration District No. \_\_\_\_\_ Registrar's No. 26

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6300

20300

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1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 10 1962	
1. PLACE OF DEATH a. COUNTY <b>Dallas</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Buffalo</b>	Length of stay in lb <b>35 years</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>East Mill St.</b>	c. CITY OR TOWN <b>Buffalo,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <b>East Mill St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Gertrude G. Strickland</b>	4. DATE OF DEATH Month Day Year <b>March 23, 1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Causasian</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 20, 1884</b>
9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>8 3 0 0</b>
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>Linwood, Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Frank Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Delia Ramsey</b>
14. NAME OF HUSBAND OR WIFE <b>Noah Strickland</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>Noah Strickland</b>	Address <b>Buffalo, 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>Broncho pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Viral -influenza</b> DUE TO (c) _____ 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 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 <u>3/12/62</u> to <u>3/23/62</u> and last saw her <del>him</del> alive on <u>3/23/62</u> Death occurred at <u>12:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Joseph G. Bennett, D.O.</b>	22b. ADDRESS <b>Buffalo, Missouri</b>
22c. DATE SIGNED <b>Mar. 24, 62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 25, 1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Union Home Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Dallas County Missouri</b>
24. FUNERAL DIRECTOR <b>Montgomery Funeral Home</b>	ADDRESS <b>Buffalo, Missouri</b>
25. DATE RECD. BY LOCAL REG. <u>4/9/62</u>	26. REGISTRAR'S SIGNATURE 

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 *Vernon H. Viets*  
**Vernon H. Viets**

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.