

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001323

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 5508 Registrar's No. 43

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 11 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deepwater Twp		Length of stay in 1b 5 hrs	c. CITY OR TOWN Montrose Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION in Montrose lake		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) in Montrose Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Edward Louis Stricker			4. DATE OF DEATH Month Feb Day 5 Year 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 20, 1925	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pit Man		10b. KIND OF BUSINESS OR INDUSTRY coal mining	11. BIRTHPLACE (City and state or country) Montrose, Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Parker Stricker		13b. MOTHER'S MAIDEN NAME Velma L. Selbey		14. NAME OF HUSBAND OR WIFE Louise	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes WW # 2		16. SOCIAL SECURITY NO. 95	17. INFORMANT Address Louise Stricker Montrose, Mo		

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) Death due to Bleeding.		INTERVAL BETWEEN ONSET AND DEATH immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 checked="" 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.) Boating Accident
20c. TIME OF INJURY Hour 6:30 a.m. p.m. Month, Day, Year 2-5-63		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Montrose lake	20f. CITY, TOWN, OR LOCATION Montrose lake	COUNTY Henry	STATE Mo
21. I attended the deceased from unattended , to _____, and last saw her/him alive on _____. Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

SIGNATURE (Degree or title) Richard H. King M.D.		22b. ADDRESS 106 S. 3rd Clinton Mo	22c. DATE SIGNED 2-7-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/8/1963	23c. NAME OF CEMETERY OR CREMATORY Montrose cemetery	23d. LOCATION (City, town, or county) (State) Montrose, Mo
24. FUNERAL DIRECTOR Sickman-Dunning F H Clinton, Mo		25. DATE RECD. BY LOCAL REG. Feb 7-1963	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
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 AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

FEB 19 1963

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 R. L. Dunning

Licensed Embalmer No. 4210

P. O. Address Clinton 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.

Permit Obtained 2-7-63 (M.S.)