

FILED JUN 17 1971

CERTIFICATE OF DEATH

124 71 0022323 STATE FILE NUMBER

VS 300
Rev. 1/70

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 134

1. Mrs. Bertha I. Strange 2. Female 3. June 12, 1971

4. White 5. 78 6. Jan. 21, 1893 7. Audrain

8. Mexico 9. U.S.A. 10. widowed 11. Audrain Medical Center

12. Missouri 13. 486-18-2928 14. Nurse 15. Missouri 16. Boone 17. Sturgeon

18. Robert E. Jennings 19. Annie D. Winn

20. Mrs. Edna Roberts 21. Sturgeon, Missouri

22. Respiratory failure 23. 3 days

24. Pulmonary metastasis 25. 1970

26. Left breast cancer 27. 1967

28. Other significant conditions: 29. Autopsy: No 30. If yes were findings considered in determining cause of death: No

31. Accident, suicide, homicide, or undetermined (specify): 32. Date of injury (month, day, year): 33. Hour: 34. How injury occurred (enter nature of injury in part I or part II, item 18):

35. Injury at work (specify yes or no): 36. Place of injury at home, farm, street, factory, office bldg., etc. (specify): 37. Location (street or R.F.D. no., city or town, state): 38. If deceased was female was there a pregnancy in last 90 days: No

39. Certification—physician: I attended the May 4, 1971 to June 12, 1971 June 11, 1971 40. I did/did not view the body after death: Did 41. Death occurred at the place, on the date, and to the best of my knowledge, due to the cause(s) stated: 6:40 a.m. June 12, 1971

42. Certification—medical examiner or coroner: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated: 6:40 a.m. June 12, 1971

43. Certifier—name (type or print): L. Lachance, M.D. 44. Signature: L. Lachance, M.D. 45. Date signed (month, day, year): June 14, 1971

46. Burial, cremation, removal (specify): Burial 47. Cemetery or crematory—name: Mt. Horeb Cemetery 48. Location: Sturgeon, Missouri

49. Date (month, day, year): 6-14-1971 50. Funeral home and address: Fenton Funeral Chapel, Sturgeon, Missouri

51. Funeral director—signature: F. O. Fenton 52. Registrar—signature: Edna Roberts 53. Date received by local registrar: June 16, 1971

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.DO NOT WRITE
ON THIS STUB

9. 1

10a. 78

10b. 01

11. 0

12. 2

13. 174X

14. 4

15. 4

16. 0100

17. 0

18. 0

19. CREDITS

20. 2-0

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 _____

P. O. Lenton

Licensed Embalmer No. 3705

P. O. Address 104 South Collier
Centralia, Missouri 65240

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.

Victor L. Lenton