

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29714

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 80		PRIMARY REG. DIST. NO. 5306		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Cole Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place) 15 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion, Mo		Marion	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Mo				d. STREET ADDRESS (If rural, give location) Marion, Mo			
3. NAME OF DECEASED (Type or Print) Samuel		a. (First) Henry		c. (Last) Strother		4. DATE OF DEATH (Month) (Day) (Year) Sept 8 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 26. 1868	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel H. Strother		13b. MOTHER'S MAIDEN NAME Adline Hickam		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Howard Strother		ADDRESS Marion, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  81 yr 2 = 22		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instantly		4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 220		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from death when, to wound, 19, that I last saw the deceased alive on, 19, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. D. Leslie M.D. Coroner		(Degree or title)		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED Sept. 8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 10. 1949		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo	
DATE REC'D BY LOCAL REG. Sept. 9		REGISTRAR'S SIGNATURE Mrs. Minnie Hittmeyer		70		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Bouslin - California	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED  
SEP 20 1949  
District Health Officer No. 9,  
District File Number

### 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 \_\_\_\_\_  
Student Embalmer

Signed

*Earl R. Boulton*

Licensed Embalmer No. *2126*

P. O. Address *California*

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 this body is not embalmed, fact should be so stated above.