

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002584

FILED VS. FEB 1 1960 224

Registration District No. 5796 Registrar's No. 7

STATE FILE NUMBER

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WALKER TWSP.		Length of stay in 1b LIFE		c. CITY OR TOWN WALKER TOWNSHIP 9 MI. E. CALIFORNIA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 MI. E. CALIFORNIA U.S. HWY. # 50		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9 MI. E. CALIFORNIA U.S. HWY. # 50		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDWARD Middle STROBEL Last				4. DATE OF DEATH Month JANUARY Day 21 Year 1960			
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 2-6-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (City and state or country) LOHMAN, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ERHARDT STROBEL		13b. MOTHER'S MAIDEN NAME JOHANA BLANK		14. NAME OF HUSBAND OR WIFE SEDONIA SCHUBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 489-42-7970		17. INFORMANT Address MRS. SEDONIA STROBEL, CALIFORNIA, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Carcinoma						INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma on side of head and neck.						8 yrs.	
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 a.m. p.m.	Month, Day, Year						
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 July 2, 1959 to Jan. 19, 1960 and last saw him alive on Jan. 19, 1960		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. Moore, D.O.		(Degree or title)		22b. ADDRESS California, Mo.		22c. DATE SIGNED 1/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-23-1960	23c. NAME OF CEMETERY OR CREMATORY SALEM EVANGELICAL		23d. LOCATION (City, town, or county) MONITEAU CO., MO.		(State)	
24. FUNERAL DIRECTOR HUGH WILLIAMS, CALIFORNIA, MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1/23/60		26. REGISTRAR'S SIGNATURE Heber L. Pappey	

APR 5 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell C. Mc

Licensed Embalmer No. 4804

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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