

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27992**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY St. Francois <u>0941</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town or township) Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington <u>0941</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Marie	c. (Last) Strahlman	4. DATE OF DEATH (Month) (Day) (Year)
				Aug. 18, 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH July 28, 1886	9. AGE (In years last birthday) 65	10 UNDER 1 YEAR 0	11 UNDER 1 MIN. 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keeping house	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME D. F. Strahlman	13b. MOTHER'S MAIDEN NAME Louise Miller	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Miss Bertha Strahlman, Farminton, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease		1 yr
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		4201

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 Aug 18, 1951, to Aug 18, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 7:48 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. G. R. Watkins M.D. (Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 8-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-20-51	24c. NAME OF CEMETERY OR CREMATORY Copenhagen Cemetery	24d. LOCATION (City, town, or county) (State) Near Farmington, Missouri
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DATE REC'D BY LOCAL REG. Aug 20, 1951	REGISTRAR'S SIGNATURE Ethel Rudloff (Licensed Embalmer's Statement on Reverse Side)	25. FUNERAL DIRECTOR'S SIGNATURE Abbezean ADDRESS Farmington Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 27 1951

RECEIVED

JUN 4 1957

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.