MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

66 0029748
STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. 4563 [redacted] Registrar's No. 14

FILED AUG 15 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bunker
Length of stay in 1b: 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: at residence
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Reynolds
c. CITY OR TOWN: Bunker
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): X
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Charles Middle Nathan Last Strange

4. DATE OF DEATH: Month Aug Day 5 Year 1966

5. SEX: male
6. COLOR OR RACE: white
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12-19-93
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (City and state or country): Reynolds Co Mo
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: John Strange
13b. MOTHER'S MAIDEN NAME: Georgia Wharton
14. NAME OF HUSBAND OR WIFE: Florence Strange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Yes 1st 2-26-18
16. SOCIAL SECURITY NO.: 488 18 2447
17. INFORMANT: Address: Mrs Charles Strange Bunker Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension — unknown
DUE TO (c): arteriosclerosis — unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 3-9-62 to 7-18-66 and last saw her/him alive on 7-18-66
Death occurred at 6 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D.O.
22b. ADDRESS: Centerville, Mo.
22c. DATE SIGNED: 8-9-66

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-8-66
23c. NAME OF CEMETERY OR CREMATORY: Bunker Mem
23d. LOCATION (City, town, or county) (State): Bunker Mo

24. FUNERAL DIRECTOR ADDRESS: Spencer Funeral Home
25. DATE RECD. BY LOCAL REG.: 8-11-66
26. REGISTRAR'S SIGNATURE: Kenneth L. Carter, DO by M Mann

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1966

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 Charles D. Pantain

Licensed Embalmer No. 5107

P. O. Address Salem, 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.