

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31182

State File No.

No. 300
10.48

FILED OCT 1 1951

REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington-Ragan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u> <u>0900</u>	
c. LENGTH OF STAY (in this place) <u>65</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Willie Foster</u>			
3. NAME OF DECEASED (Type or Print) <u>Olior</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-30-51</u>	
a. (First)		b. (Middle) <u>Stroup</u>	
c. (Last)		5. SEX <u>M</u> <u>O</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Div.</u>	
8. DATE OF BIRTH <u>8-1-1885</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Augustus Stroup</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Williams</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Tressie Sobocinski</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide (by gun shot)</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>E976K</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1-10 ME</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Reynolds Co Mo</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. D. Pottle, M.D. Coroner</u>		23b. ADDRESS <u>Centerville, Mo</u>	
23c. DATE SIGNED <u>9/1/51</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nesley</u>	
24d. LOCATION (City, town or county) (State) <u>Ellington (Rural) Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Lewis</u>	
DATE REC'D BY LOCAL REG. <u>9/9/51</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u>	
ADDRESS <u>Ellington</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 18 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas. S. Pruitt

Signed.....
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Elkhart

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.