U.S. No. 300
Rev. 10.48

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

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4534

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 6115 Registrar's No. 81

1050
1

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan Rural
c. LENGTH OF STAY (In this place): 69 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Liberty Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan Rural 1050
d. STREET ADDRESS (If rural, give location): Liberty Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Stroud
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 1 20 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-13-1883
9. AGE (In years last birthday): 69 — If under 1 year: Months 4, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James B. Stroud
13b. MOTHER'S MAIDEN NAME: Martha A Comstock
14. NAME OF ~~HUSBAND~~ OR WIFE: Mary M White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mary M White — ADDRESS: Milan - 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac asthma due to myocardial degeneration — 6 weeks
DUE TO (c) Mitral stenosis with regurg. — 6 weeks+

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Left ventricular hypertrophy, malnutrition, arteriosclerosis — 2 to 20yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-8, 1951, *to* 1-20, 1953, *that I last saw the deceased alive on* 1-18, 1953, *and that death occurred at* 2 40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E Prior (Degree or title) D.O.
23b. ADDRESS: 217 E. 2nd St., Milan, Mo.
23c. DATE SIGNED: 1-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-22-53
24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cem
24d. LOCATION (City, town, or county) (State): Milan - Mo

DATE REC'D BY LOCAL REG.: Jan 26
REGISTRAR'S SIGNATURE: Greta Caldwell
25. FUNERAL DIRECTOR'S SIGNATURE: Schoenecke Funeral Home
ADDRESS: Milan - Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan, 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 this body is not embalmed, fact should be so stated above.