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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24333**

FILED JUL 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>27</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>301-Kennett St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>301-Kennett St.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE ELBA EUBANK</u>			b. (Middle)		c. (Last) <u>STROUD</u>		4. DATE OF DEATH <u>July 16-1953</u> (Month) (Day) (Year)		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec-8-1866</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home Making</u>		11. BIRTHPLACE (State or foreign country) <u>Buckner, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Eubank</u>			13b. MOTHER'S MAIDEN NAME <u>Idene Overtuff</u>			14. NAME OF HUSBAND OR WIFE <u>James Stroud</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Freeman-Kennett, Mo</u> ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age</u>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		4341			
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 <u>7-2</u> , 19 <u>53</u> , to <u>7-16</u> , 19 <u>53</u> that I last saw the deceased alive on <u>July 16</u> , 19 <u>53</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul Baldwin</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>7-23-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/18/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) <u>Kennett, Mo</u> (State) _____				
DATE REC'D BY LOCAL REGS. <u>July 29-53</u>		REGISTRAR'S SIGNATURE <u>Earl Husband</u>		90- <u>90</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Baldwin-Kennett, Mo</u> ADDRESS _____					

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-27-53
COUNTY FILE NUMBER ..263-198.....

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..... *A. Palmer*

Licensed Embalmer No. *2556-*.....

P. O. Address..... *Kennett, 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.