

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35256

State File No.

FILED NOV 13 1953

Registrar's No. **320**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
a. COUNTY Cape Girardeau	a. STATE Missouri COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 3rd	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural Hubble	0160
d. FULL NAME OF HOSPITAL OR INSTITUTION SouthEast Hosp.		d. STREET ADDRESS (If rural, give location) Near Crump	0

3. NAME OF DECEASED (Type or Print)	a. (First) Marion	b. (Middle) Ruther	c. (Last) Stroder	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 11	IF UNDER 28 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Stroder	13b. MOTHER'S MAIDEN NAME Rebecca Steinbaugh	14. NAME OF HUSBAND OR WIFE Carl Stroder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Carl Stroder	ADDRESS White Water, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Heart Disease 3 yrs DUE TO (c) 1. Cerebral aneurysm 3 mo 2. Prostatic obstruction 2 wks		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-16, 1953, to 11-21-53, that I last saw the deceased alive on 10-31, 1953, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE R. Seabough	(Degree or title) 0-M.D.	23b. ADDRESS 219 N. Pacific Cape Girardeau, Mo	23c. DATE SIGNED 11-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Proffer Cem	24d. LOCATION (City, town, or county) (State) Crump Mo
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DATE REC'D BY LOCAL REG. 11-9-53	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Denelle-Rand Jackson	ADDRESS Crump Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 R. O. Laird

Licensed Embalmer No. 45-38

P. O. Address Jackson, 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.