

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38398

FILED DEC 10 1953

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Broseley Asst 1411 7th		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Broseley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 1		e. STREET ADDRESS (If rural, give location) Rural Route # 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EMMA	b. (Middle) HUGHE	c. (Last) STROUD	(Month) 11	(Day) 17	(Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4/24/1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Prior		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Albert Stroud	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Otis Jackson Broseley, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES DUE TO (b) Cardiac Failure DUE TO (c) Generalized metastasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Adeno carcinoma of Cervix				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X		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)			
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?			
22. I hereby certify that I attended the deceased from 4-26-1951 , to 11-17- , 19 53 , that I last saw the deceased alive on 10-15 , 19 53 and that death occurred at 6:00P m., from the causes and on the date stated above.					
23a. SIGNATURE D. Markel		(Degree or title) MD	23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 11-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/20/1953	24c. NAME OF CEMETERY OR CREMATORY Brown Chapel	24d. LOCATION (City, town, or county) (State) Broseley, Missouri		
DATE RECD BY LOCAL REG. 12/1/53	REGISTRAR'S SIGNATURE D. Markel	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch	ADDRESS Poplar Bluff, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

✓
COUNTY HEALTH OFFICER
POPLAR BLUFF, MISSOURI

RECEIVED
Dec 07 1953

BUTLER CO. HEALTH CENTER

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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Joseph R. Matto* _____

Licensed Embalmer No. *483* _____

P. O. Address *Poplar Bluff* _____

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.