

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15366

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>4149</u>		Registrar's No. <u>11-1954</u>					
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CUBA</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>CUBA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>				e. STREET ADDRESS (If rural, give location) <u>8280</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) <u>E.</u>		c. (Last) <u>STROUP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>1999</u> <u>OCTOBER 30</u>		9. AGE (In years last birthday) <u>54</u> If under 1 YEAR Months <u>6</u> Days <u>16</u> If under 4 HRS. Hours <u>16</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CRAWFORD COUNTY</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN STROUP</u>			13b. MOTHER'S MAIDEN NAME <u>CORNELIA A. HARDLEY</u>			14. NAME OF HUSBAND OR WIFE <u>SABIE MAE WILSON, Div'd</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>1919-1922 488-12-4741</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAXINE RAY (DAUGHTER)</u>					ADDRESS <u>CUBA, MO.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Obesity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>4 yrs.</u> <u>Life</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						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)		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>May 7, 1954</u> , to <u>May 16, 1954</u> , that I last saw the deceased alive on <u>May 7, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>J. A. Elders, M.D.</u>				(Degree or title)				23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>5-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ROCK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BOURBON, MO.</u>					
DATE REC'D BY LOCAL REG. <u>5-18-1954</u>		REGISTRAR'S SIGNATURE <u>J. A. Elders</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Elders</u>		ADDRESS <u>Cuba, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

AUG 4 1954

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 *J. G. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan*

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.