

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1578**

FILED FEB 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (in this place) 8 hours	c. CITY OR TOWN Windyville
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS (If rural, give location) Rural Route 0300			
3. NAME OF DECEASED a. (First) William b. (Middle) Homer c. (Last) Stroup		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1889
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 10 Days 11	IF UNDER 24 HRS. Hours Mins.
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 (City and State or Foreign Country) Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles H Stroup		13b. MOTHER'S MAIDEN NAME Sarah Jane Hedges	14. NAME OF HUSBAND OR WIFE Enone Stroup
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.	17. INFORMANT'S SIGNATURE OR NAME Enone Stroup ADDRESS Windyville, 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) Carcinoma of Stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Starvation (Inability to take food & water)	
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)
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 Feb , 19 52 , to Jan. 21, 1955 , that I last saw the deceased alive on 1-22 , 19 55 , and that death occurred at 10:35pm from the causes and on the date stated above.			
23a. SIGNATURE J. Summers, M.D. (Degree or title)		23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 1-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/24/55	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
24d. LOCATION (City, town, or county) (State) Dallas County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home, Lebanon, Mo. ADDRESS	
DATE REC'D BY LOCAL REG. 1-24-1955		REGISTRAR'S SIGNATURE Hella L. Gray 424	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 1-31-52
Laclede County Health Unit
File No. 10
Date Filed 1-31-52

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 Dorsey M. Howe
Licensed Embalmer No. 4222

P. O. Address Lebanon, Mis.

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.