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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26787**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **144**

**1. PLACE OF DEATH**

a. COUNTY **Laclede**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lebanon, Missouri**

c. LENGTH OF STAY (in this place) **2 days**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Wallace Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)

a. STATE **Missouri** b. COUNTY **Pulaski**

c. CITY OR TOWN **Richland, Mo**

d. Is Residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) **Rural Rt. 1.**

**3. NAME OF DECEASED**

a. (First) **Eva** b. (Middle) **May** c. (Last) **Strom**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 2/1955**

**5. SEX** **Female** **6. COLOR OR RACE** **White.** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed. 2**

**8. DATE OF BIRTH** **Dec. 17, 1877** **9. AGE** (In years last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY** **None**

**11. BIRTHPLACE** (City and State or Foreign Country) **Richland, Missouri 0**

**12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **William J. Anderson** **13b. MOTHER'S MAIDEN NAME** **Mary A. Elder.** **14. NAME OF HUSBAND OR WIFE** **Theodore Strom**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** **None**

**17. INFORMANT'S SIGNATURE OR NAME** **Violet Peterson** **ADDRESS** **St. Louis, Mo.**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Pulmonary Embolism**

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. **Ulcerative Colitis**

**INTERVAL BETWEEN ONSET AND DEATH** **2 hrs.**

**10 yrs.**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_

**20. AUTOPSY?** YES  NO

**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**  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **1953**, do **9/2/**, 19**55**, that I last saw the deceased alive on **9/2/**, 19**55**, and that death occurred at **11:40** a.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **W. J. Froelich, M.D.** **23b. ADDRESS** **Lebanon, Missouri** **23c. DATE SIGNED** **9-6-55**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **9/4/55** **24c. NAME OF CEMETERY OR CREMATORY** **St. John's Cemetery** **24d. LOCATION** (City, town, or county) (State) **Richland, Mo Rural**

**DATE REC'D BY LOCAL REG.** **9-6-1955** **REGISTRAR'S SIGNATURE** **Wella L. Hays** **25. FUNERAL HOME'S SIGNATURE AND ADDRESS** **Hedges Funeral Home Richland, Mo**

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

Received 9-12-55

Laclede County Health Unit

File No. 144

Date Filed 9-12-55

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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 Clarence Gross

Licensed Embalmer No. 489

P. O. Address W. Jefferson

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.