FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26816

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (In this place): 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hardin Mo 0890 1
d. STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle): Keyes
c. (Last): Strider

4. DATE OF DEATH (Month) (Day) (Year): August 15 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: FEB. 14, 1873
9. AGE (In years last birthday): 82 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Operator
11. BIRTHPLACE (City and State or Foreign Country): RAY COUNTY, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JESSE STRIDER
13b. MOTHER'S MAIDEN NAME: SARAH HAYWARD
14. NAME OF HUSBAND OR WIFE: EMMA STRIDER

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: ELMER STRIDER
ADDRESS: HARDIN, 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): Revolver shot of the head — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid 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. Carcinoma of mouth neck and throat

19a. DATE OF OPERATION: April 1954
19b. MAJOR FINDINGS OF OPERATION: E976XH
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hardin Cemetery
21c. (CITY, TOWN, OR TOWNSHIP): Hardin (COUNTY): Ray (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 15 55 10 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Suicide by gun shot.

22. *I hereby certify that I attended the deceased from* Aug 15 *death, 19___, to* Aug 15 *, 1955, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Martin MD Coroner (Degree or title)
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 8-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-55
24c. NAME OF CEMETERY OR CREMATORY: HARDIN CEM.
24d. LOCATION (City, town, or county): HARDIN (State): Mo.

DATE REC'D BY LOCAL REG.: 8-30-55
REGISTRAR'S SIGNATURE: Minerva Stubblefield
25. FUNERAL DIRECTOR'S SIGNATURE: Rospedd & Rockenbeck
ADDRESS: Hardin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
42
0

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 August Boucherding

Licensed Embalmer No. 4678

P. O. Address Harding Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.