

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33349

State File No.

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>34 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1118 N. Main</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> d. STREET ADDRESS (If rural, give location) <u>1118 N. Main</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Campbell</u> c. (Last) <u>Stroder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 8 1875</u>	9. AGE (In years last birthday) <u>80</u> 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) <u>Laborer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Orchard</u>		11. BIRTHPLACE (State or foreign country) <u>Barfordville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bill Stroder</u>		13b. MOTHER'S MAIDEN NAME <u>Nan Haynes</u>		14. NAME OF HUSBAND OR WIFE <u>Marcella Kinder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mina Wolfen Koehler</u>		ADDRESS <u>Cape Girardeau 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular disease</u> DUE TO (c) <u>443X</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
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) (Min.)		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 April 1, 1956, to 10-29, 1956, that I last saw the deceased alive on Oct. 29, 1956, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Charles E. Wilson M.D.</u>		23b. ADDRESS <u>714 Broadway Cape Girardeau Mo</u>		23c. DATE SIGNED <u>10-31-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 31 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
DATE REC'D BY LOCAL REG. <u>11-6-56</u>		REGISTRAR'S SIGNATURE <u>Lo. G. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ford + Sons Funeral Home</u>		ADDRESS <u>Cape Girardeau Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

44-0

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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed William E. Freer

Licensed Embalmer No. 4733

P. O. Address Cape Girardeau

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