

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

State File No. **34549**

BIRTH MO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 30-77 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). b. STATE Mo. c. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. CITY OR TOWN DeSoto	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 116 E. Kelly St.		e. STREET ADDRESS (If rural, give location) 116 E. Kelly St.	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) May c. (Last) Stroup			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1872	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months 10
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) De Soto, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. Hopson		13b. MOTHER'S MAIDEN NAME Mary Gowan		14. NAME OF HUSBAND OR WIFE George 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Williams DeSoto, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal Infection		INTERVAL BETWEEN ONSET AND DEATH Oct 16, 1956	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis, Palsy		10 yrs.	
		DUE TO (c) Senility		Age 84	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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) m.		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 **AUG 15, 1956** to **OCT 17, 1956** that I last saw the deceased alive on **OCT 17, 1956** and that death occurred at **8:30 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Hopson MD		23b. ADDRESS De Soto, Mo		23c. DATE SIGNED 10-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/20/56		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
		24d. LOCATION (City, town, or county) (State) DeSoto Mo.			

DATE REC'D BY LOCAL REG. 10-27-56		REGISTRAR'S SIGNATURE Marie Currier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Mothershead DeSoto, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1460

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 31 1956

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 *Andrew H. England*.....

Licensed Embalmer No. *479*.....

P. O. Address *De Soto*.....

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.