

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41908

STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			Length of stay in 1b 70 YRS	d. STREET ADDRESS (If outside, give location) 1404 E. 32ND ST.		
3. NAME OF DECEASED (Type or print) First CHARLES Middle E. Last STROUP			4. DATE OF DEATH Month Day Year DEC. 29, 1956			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 15, 1878	9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER	10b. KIND OF BUSINESS OR INDUSTRY INTER-STATE GRO. CO.		11. BIRTHPLACE (City and state or country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JAMES STROUP			14. MOTHER'S MAIDEN NAME MARY PHILLIPS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. EDNA STROUP, 1404 E. 32ND ST.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL LACERATION					INTERVAL BETWEEN ONSET AND DEATH 20 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) TRAUMA, PEDESTRIAN-AUTO ACCIDENT		DUE TO (c) 8124		20 HOURS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) COMPOUND FRACTURES TIBIA BILATERAL					25	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PEDESTRIAN HIT BY AUTOMOBILE					
20c. TIME OF INJURY Hour 11 a.m. Month 12 Day 28 Year 56						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET	20f. CITY, TOWN, OR LOCATION JOPLIN	20g. COUNTY JASPER	20h. STATE MO.		
21. I attended the deceased from 12/28/56 to 12/29/56 and last saw him alive on 12/29/56. Death occurred at 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Bart F. Woodridge, M.D.			22b. ADDRESS Joplin, Mo.		22c. DATE SIGNED 12/31/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-1-57	23c. NAME OF CEMETERY OR CREMATORY LOWELL CEMETERY		23d. LOCATION (City, town, or county) (State) LOWELL, KANSAS		
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 1-1-1957	26. REGISTRAR'S SIGNATURE Agave Merriam			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms or signs of disease due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

00
56

526

County File Number: 57-1-14
Date Filed: JAN 7 1957
Office

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 *F. M. Jones*.....
Licensed Embalmer No. 23

P. O. Address *Joplin*.....

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.