

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44271**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 545		Registrar's No. 2856		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY WASHINGTON				
b. CITY OR TOWN MAPLE WOOD		c. LENGTH OF STAY (in this place) 7 MONTHS		c. CITY OR TOWN IRONDALE		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 7226 ANNA				e. STREET ADDRESS (If rural, give location) Local 1100				
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle) —		c. (Last) STROTHER		4. DATE OF DEATH (Month) (Day) (Year) DEC 3 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 7, 1874		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 5 Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) BELGRADE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME PETER STROTHER			13b. MOTHER'S MAIDEN NAME SARAH MONTGOMERY		14. NAME OF HUSBAND OR WIFE JANE STROTHER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME RUSSELL WHEATON ADDRESS MAPLEWOOD 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 7 mos
				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.				
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) NO		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) None		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 May 1956 to 3 Dec 1956 , that I last saw the deceased alive on 23 Nov 1956 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE John R. Buseck M.D. (Degree or title)				23b. ADDRESS Maplewood Mo.		23c. DATE SIGNED 12/3/56		
24a. DATE DEC. 5, 1956		24c. NAME OF CEMETERY OR CREMATORY HAMILTON CEMETERY		24b. LOCATION (City, town, or county) (State) ST. FRANCOIS COUNTY MO.				
DATE REC'D BY LOCAL REG. 12-4-56		REGISTRAR'S SIGNATURE Herbert R. Double		25. FUNERAL DIRECTOR'S SIGNATURE But L Boyer Leadwood, Mo. ADDRESS				

(Licensed Embalmer (Statement on Reverse Side))

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

No. 300
0.48

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 *William E. Boyer*.....

Licensed Embalmer No. *4730*.....

P. O. Address *Leadwood*.....

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.