

FILED SEP 5 1957

STANDARD CERTIFICATE OF DEATH

State File No. 27916

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Dunklin Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY OR TOWN Kennett	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 Res.		e. STREET ADDRESS (If rural, give location) 1014 Clipper St. 03520	

3. NAME OF DECEASED (Type or Print) a. (First) Ida	b. (Middle) Ilena	c. (Last) Stroup	4. DATE OF DEATH (Month) (Day) (Year) Aug. 14 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 9,
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) / Miss.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Street	13b. MOTHER'S MAIDEN NAME Elizabeth Smith	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Annie Edwards Kennett Mo. ADDRESS

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C. V. Disease		
	3. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 443X
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)	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 1950 to Aug 14, 1957, that I last saw the deceased alive on Aug 14, 1957, and that death occurred at 24 m., from the causes and on the date stated above.		

23a. SIGNATURE Dr. George Q. Hummel	23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 8-14-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/16/57	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24d. LOCATION (City, town, or county) Kennett		(State) Mo.

DATE REC'D BY LOCAL REG. 8-30-57	REGISTRAR'S SIGNATURE Carl H. ...	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service	ADDRESS Senath, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

70-0

RECEIVED DUNKLIN COUNTY HEAD

DEPARTMENT 9-3-57

COUNTY FILE NUMBER 957

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 Albert B. Baird.....

Licensed Embalmer No. 484

P. O. Address Permett

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.