

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001992
STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) Elsberry Inside Limits Yes No
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ELSBERRY ROAD Length of stay in lb
d. STREET ADDRESS (If outside, give location) 713 ELSBERRY ROAD Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last JOHN THEODORE STRUS 4. DATE OF DEATH Month Day Year JAN. 18, 1959

5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Feb. 8, 1890 9. AGE (In years last birthday) 68 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) Farming-retired 10b. KIND OF BUSINESS OR INDUSTRY DARDENNE, Mo 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN H. STRUS 13b. MOTHER'S MAIDEN NAME ANNA LURDING 14. NAME OF HUSBAND OR WIFE ANNA (EDINGER)

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. YES 17. INFORMANT Address ANITA CALLAWAY - ELSBERRY, Mo.

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 Apoplexy INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1956 to 1-17-59 and last saw her alive on 1-17-59
Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ANITA CALLAWAY 22b. ADDRESS Elsberry Mo 22c. DATE SIGNED 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1-20-59 23c. NAME OF CEMETERY OR CREMATOR CITY 23d. LOCATION (City, town, or county) (State) ELSBERRY, Mo

24. FUNERAL DIRECTOR ADDRESS O. C. RICKS ELSBERRY, Mo. 25. DATE RECD. BY LOCAL REG. Jan. 27, 1959 26. REGISTRAR'S SIGNATURE Mrs. Clarence Kintzy

All diseases in Part I must be causally related.

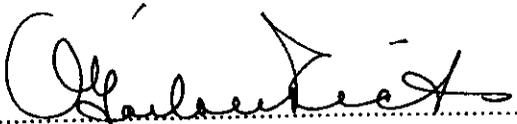
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4012

P. O. Address Ebberry, Mo.

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.