

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009199
STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 138 Primary Registration District No. Registrar's No. 12

300
-57

1. PLACE OF DEATH a. COUNTY <i>Hickory</i>		2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Hickory</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hermitage</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Hermitage</i> 0430 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>West Hermitage</i>		Length of stay in lb <i>6 Mo</i>	d. STREET ADDRESS (If outside, give location) <i>W. East Hermitage</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>John Thomas Stroud</i>			4. DATE OF DEATH Month Day Year <i>Mar 10 - 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 28 - 1897</i>
9. AGE (In years last birthday) <i>61</i>		IF UNDER 1 YEAR Months Days <i>8 12</i>	IF UNDER 24 HRS. Hours Min. <i>12</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Hickory Co. Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>James Calvin Stroud</i>	
13b. MOTHER'S MAIDEN NAME <i>Elizabeth Alexander</i>		14. NAME OF HUSBAND OR WIFE <i>Martha Stroud</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No None</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mrs Marie Clark Hermitage Mo</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Dry Gangrene</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i>			<i>5 yrs</i>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4501</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>Mar 57</i> to <i>Mar 19 59</i> and last saw her alive on <i>Mar 8 59</i> Death occurred at <i>12:15 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R.O. Meunier M.D.</i> (Degree omitted)	22b. ADDRESS <i>Hermitage Mo</i>	22c. DATE SIGNED <i>3-12-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar 12 - 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Hermitage, Mo</i>
24. FUNERAL DIRECTOR <i>W. H. B. ...</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>March 12, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mary Johnson</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles Gilbert Hathaway*

Licensed Embalmer No. *4267*.....
P. O. Address *Elbeathland, Md.*

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.