

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031081

FILED VS AUG 16 1960

Registration District No. 167 Primary Registration District No. 3031 Registrar's No. 56

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN De Soto, Mo.		Length of stay in 1b WKS.		c. CITY OR TOWN De Soto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 N. 6th St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 801 N. 6th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Robert Ralph Stroupe				4. DATE OF DEATH Month Aug. Day 9 Year 1960				
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 2/15/1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery		11. BIRTHPLACE (City and state or country) Hematite, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Peter Stroupe			13b. MOTHER'S MAIDEN NAME Mary L. Baker			14. NAME OF HUSBAND OR WIFE Debby Stroupe		
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. 489-28-1012		17. INFORMANT R.F.D. # 2 H.P. Stroupe Mapaville, 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) Chronic Myocarditis							INTERVAL BETWEEN ONSET AND DEATH ??	
DUE TO (b) Asthma with Bronchiectasis							??	
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Nov. 17, 1958 to 8/8/60 and last saw him alive on 8/8/60 Death occurred at 4 A on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Thos E Fallut</i> (Degree or title) M. D.			22b. ADDRESS De Soto, Mo.			22c. DATE SIGNED 8/11/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 11 1960	23c. NAME OF CEMETERY OR CREMATORY Christian		23d. LOCATION (City, town, or county) (State) Hematite, Mo.			
24. FUNERAL DIRECTOR <i>J. Lee Mathushead De Soto, Mo.</i>			25. DATE RECD. BY LOCAL REG. 8-11-1960		26. REGISTRAR'S SIGNATURE <i>Marie Farris</i>			

DOCUMENT

MEDICAL CERTIFICATION

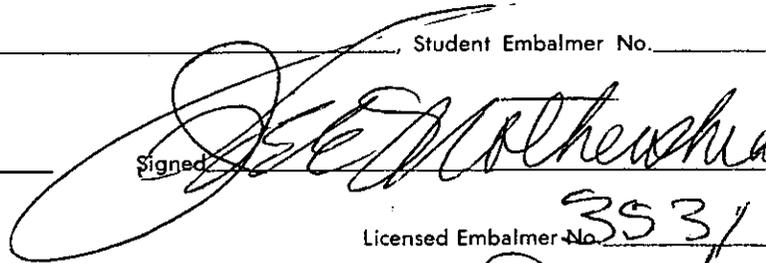
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 3531

P. O. Address Desoto

Note: The, above MUST BE SIGNED BY, THE, LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.