MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015494
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2199

FILED MAY 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 45 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BAPTIST MEMORIAL HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6610 MONROE AVENUE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EARL — Middle: WILLIAM — Last: STROUD

4. DATE OF DEATH: Month: APRIL — Day: 19th — Year: 1962

5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/19/92
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. POST OFFICE
10b. KIND OF BUSINESS OR INDUSTRY: ROGERS, ARKANSAS
11. BIRTHPLACE (City and state or country): U. S. A.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: JUSTIN WILLIAM STROUD
13b. MOTHER'S MAIDEN NAME: SALLIE OSBORN
14. NAME OF HUSBAND OR WIFE: LUELLA STROUD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR 1
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. LUELLA STROUD — Address: 6610 MONROE AVE. KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Rheumatic Aortic and Mitral Valvulitis	5 years
DUE TO (c)	General Vascular Disease	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Electrolyte Deficiency

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 5-14-47 to 4-19-62 and last saw him alive on 4-19-62
Death occurred at 9.50. P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Graham Asher MD
22b. ADDRESS: 1220 Professional Kansas City 6 Mo.
22c. DATE SIGNED: 4-20-62

Graham Asher

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APR. 21, 1962
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR AND ADDRESS: D.W. Newcomer's Sons, 1331 Brush Creek Blvd. Kansas City Mo
25. DATE RECD. BY LOCAL REG.: 4-20-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Arthur Graham Asher
1220 Professional Bldg.
2:30 6:30

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_____ Signed Gene C. Michael
Signature of Student Embalmer

Licensed Embalmer No. 4340

P. O. Address K. C., 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.