

S. No. 300
V. 10.48

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19340

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5521 Registrar's No. 18

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage-Center</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage (Rural-Center)</u>	
c. LENGTH OF STAY (in this place) <u>86 years</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi N. East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi N. East</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi N. East</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Stroud</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 - 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>May 23 - 1855</u>		9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Days <u>0</u> Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jim Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Jane Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Stroud</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mac Wilson - Hermitage, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biventricular pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>260X</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>dementia</u>		
		DUE TO (c) <u>Diabetes Mellitus</u>		
		II. 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 type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from March, 1947, to June 12, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. Briggs, D.D.S.</u>		23b. ADDRESS <u>W. K. Kattland, Mo</u>		23c. DATE SIGNED <u>6-13-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>	

DATE REC'D BY LOCAL REG. <u>June 21 - 1949</u>		REGISTRAR'S SIGNATURE <u>W.P. Hargiss</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert W. Kattland, Mo</u>	
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RECEIVED

District Health Officer No. 7,

District File Number 5-47-763

Date Filed 6-27-49

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
Student Embalmer

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address J. Westland, 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 this body is not embalmed, fact should be so stated above.