

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.46

FILED JAN 23 1950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - North Union township</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles northeast of Craig, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Methodist Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Charles</u>		b. (Middle) <u>-</u>	
		c. (Last) <u>Strough</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 11, 1875</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Near Craig, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Abe Strough</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth May</u>	14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russel Showalter</u>	ADDRESS <u>Mound City, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, general</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-9, 1950, to 1-13, 1950, that I last saw the deceased alive on 1-13, 1950, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>1-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial + Removal</u>	24b. DATE <u>1/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>Near Craig, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1950</u>	REGISTRAR'S SIGNATURE <u>E. K. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schooner</u>
		ADDRESS <u>Craig, Mo</u>	

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

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.....

Myself

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Wilber L. Schoales*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.