

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 4 1950

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4112 Registrar's No. 67

2210

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

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN <u>DALTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DALTON</u> <u>0210</u>	
c. LENGTH OF STAY (in this place) <u>63 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HER HOME</u>			

3. NAME OF DECEASED a. (First) <u>BESSIE</u> b. (Middle) <u>L.</u> c. (Last) <u>STROUD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-1950</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-31-1886</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>			11. BIRTHPLACE (State or foreign country) <u>DALTON MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>THOS. R. CLARKSON</u>			13b. MOTHER'S MAIDEN NAME <u>FLORENCE MEOLEY</u>			14. NAME OF HUSBAND OR WIFE <u>H.B. STROUD</u>		
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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>H.B. STROUD</u>		ADDRESS <u>DALTON 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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.						<u>4301</u>	

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) (Min.)			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 Jan 1944, to Feb 19, 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl C. Hegar M.D.</u> (Degree or title)			23b. ADDRESS <u>Keystone Mo</u>			23c. DATE SIGNED <u>2/20/50</u>		
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DALTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DALTON MO</u>	
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DATE REC'D BY LOCAL REG. <u>2/20-1950</u>		REGISTRAR'S SIGNATURE <u>Mildred Barnes</u>		56		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. Merrill</u>		ADDRESS <u>Brunswick</u>	
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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-3-50

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.

Signed.....

L. M. Merrill

Signed.....

Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick, Me.

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.