

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17284

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Luscumbia St</u>		d. STREET ADDRESS (If rural, give location) <u>Luscumbia St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Arizona Eliza Stroud</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5-1950</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 18-1870</u>
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>home</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>S.C. Hammers</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Francis White</u>		14. NAME OF HUSBAND OR WIFE <u>Ed 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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Nelle Moulder</u>		ADDRESS <u>Lin Creek Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Obesity</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystitis & nephritis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>114.3X</u>	
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) _____		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? _____	
22. I hereby certify that I attended the deceased from <u>2-19</u> , 19 <u>50</u> , to <u>6-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-7</u> , 19 <u>50</u> , and that death occurred at <u>7.9</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. B. Summers M.D.</u>		23b. ADDRESS <u>Lebanon Mo</u>	
23c. DATE SIGNED <u>6-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Point</u>	
24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banks-Woolery</u>	
DATE REC'D BY LOCAL REG. <u>6-7-1950</u>		REGISTRAR'S SIGNATURE <u>Nelle L. Gray</u>	
ADDRESS _____		ADDRESS <u>Camdenton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Received JUN 10 1950
Laclede County Health Unit
File No. 6:50.96
Date Filed JUN 10 1950

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 *Abbie Bankson Wealery*
Licensed Embalmer No. *2488*
P. O. Address *Camden, 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.