

FILED JUN 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 68
Registrar's No. 68

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1109 MERRILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1109 MERRILL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>STANLEY</u>	b. (Middle) <u>E</u>	c. (Last) <u>STROFF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>NOV, 7, 1882</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	11. UNDER 18 RES. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD DISPATCHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>MT VERMION, IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES STROFF</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA KARLAK</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy FAE STROFF</u>
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15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>708-10-9544</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Stanley E Stroff</u>	ADDRESS _____
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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>E976X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun - Shot Wound in Head</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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Trenton MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-12-1950 7:40</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun-Shot with Suicidal intent</u>
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22. I hereby certify that I attended the deceased from on 6-12-1950, to ascertained that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. O. Johnson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Trenton MO</u>	23c. DATE SIGNED <u>6-12-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton MO</u>
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DATE REC'D BY LOCAL REG. <u>6/13/50</u>	REGISTRAR'S SIGNATURE <u>Frene Jarvo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackburn</u>	ADDRESS <u>Trenton MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 20 1951

JUN 16 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 _____

Myself

working under my personal supervision.

Student Embalmer No.

Signed

Raymond A. Davis

Licensed Embalmer No. *3424*

Signed

Student Embalmer

P. O. Address *Juntura, 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.