.S. No. 300
EV. 10.48

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

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22991

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1105 S. Giboney

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 1105 S. Giboney

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Floyd c. (Last) Strop

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1906
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY: Lemings Lumber Co.
11. BIRTHPLACE (State or foreign country): Leora, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: George Strop
13b. MOTHER'S MAIDEN NAME: Lovie Stacy
14. NAME OF HUSBAND OR WIFE: Mamie Strop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-05-4914
17. INFORMANT'S SIGNATURE OR NAME: Mamie Strop — ADDRESS: Cape Gir. Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — unknown
DUE TO (c) — 416X

II. OTHER SIGNIFICANT CONDITIONS: Hypertension — unknown
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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 July, 1950, *to* 10 July, 1950, *that I last saw the deceased alive on* 9 July, 1950, *and that death occurred at* 7:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Hugh V. Colby Jr. (Degree or title) M.D.
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 11 July 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1950
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG. 7-11-1950
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Howard R. Hanson — ADDRESS: Cape Gir. Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 17 1950
District Health Office No. 6,

District File Number _____

Date Filed _____

JUL 22 195

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 Howard R. Hanson

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.