

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35944

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <i>Laney</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Ind.</i> b. COUNTY <i>Gibson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Branson, Mo.</i>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Princeton Ind.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Waggs Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>812 1/2</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Ernest</i> b. (Middle) <i>Purvis</i> c. (Last) <i>Stroud</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-18-50</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-21-1890</i>	9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Franklin Electric Co.</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Hamilton, Ind.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Lewis Stroud</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Cochran</i>		14. NAME OF HUSBAND OR WIFE <i>Merle Stroud</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>280-07-2718</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Waggs Memorial Hospital</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> 7 days <i>68224</i> <i>37</i>
		DUE TO (b) <i>Accident - automobile</i>		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Propane, Mo.</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Propane, Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>10-13-50</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Push overboard</i>

22. I hereby certify that I attended the deceased from *3:00/13/50*, to *10/18, 1950*, that I last saw the deceased alive on *10/18, 1950*, and that death occurred at *3:20 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harry T. Evans, M.D.</i>	23b. ADDRESS <i>Branson, Mo.</i>	23c. DATE SIGNED <i>10/18/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Princeton Ind.</i>
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DATE REC'D BY LOCAL REG. <i>10-18-50</i>	REGISTRAR'S SIGNATURE <i>W. Cogwell</i> 374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>James W. Hedman, Branson Mo.</i>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 23 1950

Dist. File 1050-2144

Data Filed 10-24-50

AUG 21 1951

OCT 31 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 James W. Stehman

Licensed Embalmer No. # 4813

P. O. Address Box 493, Bremen, 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.