

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6214 Registrar's No. 23

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Clear Creek Twp
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elmo's Hospital

2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission).
 a. STATE Missouri b. COUNTY Vernon
 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt 1 Eldorado Grange
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) Edmond b. (Middle) D. c. (Last) Stroer
 (Type or Print) Edmond D. Stroer 4. DATE OF DEATH (Month) (Day) (Year) Dec 22 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 8-28-1892 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Stockton, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Stroer 13b. MOTHER'S MAIDEN NAME Sarah Rawland 14. NAME OF HUSBAND OR WIFE Mary Stroer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mary Stroer ADDRESS Eldorado Grange, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) chronic Bronchitis
 DUE TO (c) atherosclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 4-22-1

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) _____ 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 12-18, 1950, to 12-22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J.W. Richardson M.D. (Degree or title) 23b. ADDRESS Triffin, Mo. 23c. DATE SIGNED 12-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-26-50 24c. NAME OF CEMETERY OR CREMATORY Wagoner 24d. LOCATION (City, town, or county) (State) Cedar Co. Mo.

DATE REC'D BY LOCAL REG. Dec. 23, 1950 REGISTRAR'S SIGNATURE Mr. Jack E. Gray 25. FUNERAL DIRECTOR'S SIGNATURE Alvin Brothers ADDRESS Eldorado, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

080

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 157-33

Date Filed 1-4-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address 2 Woods Spring

Signed.....
Student Embalmer

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.