

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15764

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff
c. LENGTH OF STAY (in this place) 17 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff
d. STREET ADDRESS (If rural, give location) 1921 Garfield

3. NAME OF DECEASED
a. (First) FLORENCE b. (Middle) MARY c. (Last) STROMATT
4. DATE OF DEATH (Month) (Day) (Year) 5/17/1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/8/1892 9. AGE (In years last birthday) 58 If under 1 year Months 6 Days 9 If under 24 hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Indiana 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME James G. Pauflin 13b. MOTHER'S MAIDEN NAME Clara B. Davis 14. NAME OF HUSBAND OR WIFE Hannibal C. Stromatt

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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hannibal C. Stromatt Poplar Bluff, 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.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension heart disease
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443X 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 3-7, 1951, to 5-17, 1951, that I last saw the deceased alive on 5-17, 1951, and that death occurred at 3:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
Wm. H. Johnson M.D. Poplar Bluff, Missouri 5-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/19/1951 24c. NAME OF CEMETERY OR CREMATORY Sparkman Cemetery 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 428 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

11/24

RECEIVED

MAY 29 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-241

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.....
Student Embalmer

Signed Joseph R Matlock

Licensed Embalmer No. 4824

P. O. Address Poplar Bluff, Missouri

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.