

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23701

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bevier		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bevier Missouri 0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Morris	c. (Last) Strouse	4. DATE OF DEATH (Month) (Day) (Year)	7 23 51
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-13-75	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R. R. Section-man	10b. KIND OF BUSINESS OR INDUSTRY R. R.	11. BIRTHPLACE (State or foreign country) Ethel Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Strouse	13b. MOTHER'S MAIDEN NAME Emily Kravsky	14. NAME OF HUSBAND OR WIFE Iola Strouse
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-12-8020	17. INFORMANT'S SIGNATURE OR NAME Iola Strouse	ADDRESS Bevier, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Transition & Rehabilitation</i>		INTERVAL BETWEEN ONSET AND DEATH 2 mos
	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 <i>Prostatic Carcinoma of the stomach.</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) 151X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7/1951, to 7/31/1951, that I last saw the deceased alive on 7/25/1951, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L. L. Purdum R.O.</i>	23b. ADDRESS Macon, Mo.	23c. DATE SIGNED 7/29/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-51	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	24d. LOCATION (City, town, or county) (State) Macon - Missouri
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DATE REC'D BY LOCAL REG. 8/4/51	REGISTRAR'S SIGNATURE (Josephine King)	25. FUNERAL DIRECTOR'S SIGNATURE (G. G. Edwards)	ADDRESS Bevier, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0610
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RECEIVED 8.14.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.51.13.4
Date Filed 8.14.51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *B. Edwards*
1

Licensed Embalmer No. 1961

P. O. Address *Beverly M. P.*

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.