

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41669**

Dr. Gordon Hemphill
Bloomfield Mo.
FILED **JAN 15 1953**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5135** Registrar's No. **583**

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

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) BROSLEY		c. CITY (If outside corporate limits, write RURAL and give township) BROSLEY 0123	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) DELBERT b. (Middle) STROUD c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 7-19-52		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Aug. 6, 1890		9. AGE (In years last birthday) 62		10. 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) Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ben STROUD		13b. MOTHER'S MAIDEN NAME Clementine Ollis Wey		14. NAME OF HUSBAND OR WIFE STROUD	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucy Stroud Brosley Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151x		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June 19, 1952, to July 16, 1952, that I last saw the deceased alive on June 22, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Gordon Hemphill M.D.</i>		23b. ADDRESS <i>L. Bloomfield Mo.</i>		23c. DATE SIGNED <i>7-31-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-21-52		24c. NAME OF CEMETERY OR CREMATORY BROWNS CHAPEL	
		24d. LOCATION (City, town, or county) (State) BROSLEY MO.			

DATE REC'D BY LOCAL REG. <i>Jan. 5 1953</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> 428-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Lloyd Russell Piggott Ark</i>	
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RECEIVED
JAN 13 1953
BUTLER CO. HEALTH CENTER
FILE No. 153.17

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Leroy J. Tyler

Licensed Embalmer No. 1001 Ark

P. O. Address Piggott Ark

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.