No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Pickens
State File No. 5545
5466

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, South Campbell
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Route #7

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL South Campbell 0390
d. STREET ADDRESS (If rural, give location): RURAL ROUTE #7 0

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) WILSON c. (Last) STRODER
4. DATE OF DEATH (Month) (Day) (Year): FEB. 11, 1953
5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 5, 1878
9. AGE (In years last birthday): 75 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): CAPE GIRARDEAU CO, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Tom Stroder
13b. MOTHER'S MAIDEN NAME: Elizabeth Scott
14. NAME OF HUSBAND OR WIFE: CHRISTINE STRODER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS CHRISTINE STRODER, RT. #7

MEDICAL CERTIFICATION

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* (a) Bullet entered rt. temporal,

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) came out about 3 in. above

DUE TO (c) left ear.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E976X

INTERVAL BETWEEN ONSET AND DEATH: sudden

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): R.R. 7
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield Greene, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-11-53 12:30 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? 22 Rifle.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. E. Allen Pickens, Coroner
(Degree or title): 3
23b. ADDRESS: 407 Medical Arts Bg.
23c. DATE SIGNED: 2-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/13/53n
24c. NAME OF CEMETERY OR CREMATORY: GREENLAWN
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, MISSOURI

DATE REC'D BY LOCAL REG.: 2-14-53
REGISTRAR'S SIGNATURE: Edith Wilkerson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: HERMAN H. LOHMEYER SPRINGFIELD

(Licensed Embalmer's Statement on Reverse Side)

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 Lucian T. Swadley

Licensed Embalmer No. 48-15

P. O. Address Springfield

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.