FILED JUN 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20850

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 257

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brosley Mo.
d. STREET ADDRESS (If rural, give location): 0120 1

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Lee
c. (Last): Stroud

4. DATE OF DEATH (Month) (Day) (Year): June 15 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 29 1890
9. AGE (In years last birthday): 63
If under 1 year: Months ___ Days 17
If under 24 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): Marion Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin Stroud
13b. MOTHER'S MAIDEN NAME: Clem Ollis
14. NAME OF HUSBAND OR WIFE: Myrtle Stroud

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: Myrtle Stroud
ADDRESS: Brosley 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic gangrene, left leg — 4 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 46.5X
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) m.:
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* 5-7-53 *19*, *to* 6-15-, *19*53, *that I last saw the deceased alive on* 6-15, *19*53, *and that death occurred at* 8:52 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Engelhardt (Degree or title)
23b. ADDRESS: Poplar Bluff Mo.
23c. DATE SIGNED: 6/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-19-53
24c. NAME OF CEMETERY OR CREMATORY: Browns Chapel
24d. LOCATION (City, town, or county) (State): Brosley Mo.

DATE REC'D BY LOCAL REG.: 6/20/53
REGISTRAR'S SIGNATURE: O H Minethel
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Russell
ADDRESS: Piggott Ark.

489-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
6/22/53
BUTLER CO. HEALTH CENTER
FILE No._____

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

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Lisay J Tyler

Licensed Embalmer No. 1001 Ark.

P. O. Address Pigott Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.