

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32285**

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY Lafayette

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington c. LENGTH OF STAY (In this place) 24 wks.

c. CITY OR TOWN "Rural" d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lexington Memorial Hosp. e. STREET ADDRESS (If rural, give location) 1 mi. E. of Lexington

3. NAME OF DECEASED
a. (First) MARGARET ELIZABETH b. (Middle) STROUD c. (Last) STROUD

4. DATE OF DEATH (Month) (Day) (Year) September 2 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 17 1901

9. AGE (In years) (last birthday) 51 IF UNDER 1 YEAR Months 12 Days 15 IF UNDER 4 HRS. Hours 15 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Cameron Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Boyd 13b. MOTHER'S MAIDEN NAME Laura Woods 14. NAME OF HUSBAND OR WIFE Wm. J. 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. none 17. INFORMANT'S SIGNATURE OR NAME W. J. Stroud ADDRESS Lexington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 170X.

19a. DATE OF OPERATION Oct 1 - 1953 19b. MAJOR FINDINGS OF OPERATION Extensive Carcinoma of Breast 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 Oct 1, 1953, to Sept 2, 1953, that I last saw the deceased alive on Sept 2, 1953, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE B. Taylor M.D. (Degree or title) 23b. ADDRESS Lexington Mo. 23c. DATE SIGNED 9/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Sept. 5 1953 24c. NAME OF CEMETERY OR CREMATORY Forest Lawn 24d. LOCATION (City, town, or county) (State) Glendale Calif.

DATE REC'D BY LOCAL REG. 9-10-53 REGISTRAR'S SIGNATURE M. E. Eastabrook 1561 25. FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson ADDRESS Carrollton Mo.

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

JUN 25 1960

VS DEC 13 1960

NOV 17 1960

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.....
Signature of Student Embalmer

Signed *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.