

FILED JAN 15 1954

STANDARD CERTIFICATE OF DEATH

State File No. 688

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Thomas (Osage)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Thomas	
c. LENGTH OF STAY (in this place) 25 years		d. STREET ADDRESS (If rural, give location) rural Osage township	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Thomas Ferry			

3. NAME OF DECEASED (Type or Print)	a. (First) Stanley	b. (Middle) John	c. (Last) Strope	4. DATE OF DEATH (Month) (Day) (Year)
	Stanley	John	Strope	January 10, 1954

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 30, 1928	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Month 6 Day 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ferry Operator	10b. KIND OF BUSINESS OR INDUSTRY Ferry	11. BIRTHPLACE (City and State or Foreign Country) St. Thomas, Missouri	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Andrew Strope	13b. MOTHER'S MAIDEN NAME Anna Suthoff	14. NAME OF HUSBAND OR WIFE None
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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) Yes 1951 - 1953	16. SOCIAL SECURITY NO. 490-30-7756	17. INFORMANT'S SIGNATURE OR NAME Andrew Strope	ADDRESS St. Thomas, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Drowning		
	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. Fell in Osage River		E9298 43	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Osage River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Thomas Cole Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 10-1954 1 P	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell off Ferry Boat

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, Jan 10, 1954, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1 P m from the causes and on the date stated above.

23a. SIGNATURE J. Bruce W. S.	(Degree or title) Cole Co. Health Officer	23b. ADDRESS	23c. DATE SIGNED 1-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 13-54	24c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery	24d. LOCATION (City, town, or county) (State) St. Thomas Mo
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DATE REC'D BY LOCAL REG. Jan 12-1954	REGISTRAR'S SIGNATURE R.P. Davis MD - DR.	25. FUNERAL DIRECTOR'S SIGNATURE Victor Beecher Jefferson	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0260

FILED JAN 15 1964

JAN 15 1964  
RECEIVED  
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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 Bill C. Hanson

Licensed Embalmer No. 4764

P. O. Address Jefferson City

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.