

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21857

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 625	
1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield MO c. LENGTH OF STAY (in this place) 3 Hours d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Webster c. CITY OR TOWN Fordland MO d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) Route 1 1129			
3. NAME OF DECEASED a. (First) AMY b. (Middle) Alice c. (Last) Stroud				4. DATE OF DEATH (Month) (Day) (Year) 7 17 1955			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 2, 1882	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Webster County MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WM Allison Martin		13b. MOTHER'S MAIDEN NAME NANCY Martin		14. NAME OF HUSBAND OR WIFE JOHN Wesley Stroud			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Stroud Fordland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus to mesenteric artery b. Thrombosis left auricular c. Arteriosclerotic heart disease with auricular fibrillation 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 16 July, 1955, to 17 July, 1955 that I last saw the deceased alive on 17 July, 1955, and that death occurred at 11 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Francis M. Maple (Degree or title) M.D.		23b. ADDRESS 1211 South Blount St Springfield, MO		23c. DATE SIGNED 20 July 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-22-1955		24c. NAME OF CEMETERY OR CREMATORY STEWART CEMETERY		24d. LOCATION (City, town, or county) (State) Fordland, MO	
DATE REC'D BY LOCAL REG. 7-21-55		REGISTRAR'S SIGNATURE Edith Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Ferrell Fordland, MO			

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

APR 11 1961

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 H. H. Kelley

Licensed Embalmer No. 333

P. O. Address Bayman

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.