

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26692**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 350

1. PLACE OF DEATH
a. COUNTY **Jasper**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jasper**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Joplin**

c. LENGTH OF STAY (In this place) **Unknown**

c. CITY OR TOWN **Joplin**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Crume Rest. Home 1809 Grand Ave.** STREET ADDRESS (If rural, give location) **1809 Grand Avenue** 04950

3. NAME OF DECEASED
a. (First) **Henry** b. (Middle) **Oscar** c. (Last) **STROUD**

4. DATE OF DEATH (Month) (Day) (Year) **August 22, 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **July 29, 1878**

9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired City Market Employee**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Gramby, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Dorothy (DIVORCED)**

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Crume Rest. Home 1809 Grand Joplin, Missouri**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Cardiac & Respiratory Failure**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Coronary Thrombosis & myocardial infarction**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **f301**

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) (Minute)

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 **July 29, 1953**, to **Aug 22, 1955**, that I last saw the deceased alive on **Aug 20, 1955**, and that death occurred at **6:00A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. E. Kildane M.D.**

23b. ADDRESS **521 W 4th St Joplin Mo**

23c. DATE SIGNED **Aug 26**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **8-24-1955**

24c. NAME OF CEMETERY OR CREMATORY **Fairview Cemetery**

24d. LOCATION (City, town, or county) (State) **Joplin, Missouri**

DATE REC'D BY LOCAL REG. **9-3-55**

REGISTRAR'S SIGNATURE **Ed S. Garner 138 My Island Sampkins St**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thornhill-Dillon Mort Joplin, Mo.**

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

County File Number
Date Filed
SEP 5 - 1933

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.....

Licensed Embalmer No.....

P. O. Address.....

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.