THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1956

STATE FILE NUMBER 22596

Registration District No. 359 Primary Registration District No. 6227 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montevallo — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None — Length of stay in Ib 1 wk

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kans b. COUNTY
c. CITY OR TOWN Newton 815 8 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes No

3. NAME OF DECEASED (Type or print): First WILLIAM Middle EVANS Last STROUD
4. DATE OF DEATH Month July Day 1 Year 56
5. SEX Male
6. COLOR OR RACE W
7. MARRIED NEVER MARRIED WIDOWED X DIVORCED
8. DATE OF BIRTH April 4 1880
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and state or country) Madrid Co. Mo.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME William H. Stroud
14. MOTHER'S MAIDEN NAME Elizabeth Vanover
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 511-09-2133
17. INFORMANT Russell Stroud Address Newton Kans

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic C.V.D. disease.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1 1956 to July 1 1956 and last saw him alive on July 1 1956
Death occurred at 2:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Nevada Mo
22c. DATE SIGNED 7-2-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 2 56
23c. NAME OF CEMETERY OR CREMATORY Newton Kans.
23d. LOCATION (City, town, or county) (State) Newton Kans
24. FUNERAL DIRECTOR Gerald Beery ADDRESS Sheldon Mo
25. DATE RECD. BY LOCAL REG. July 5-56
26. REGISTRAR'S SIGNATURE Mrs. Ruth Faith

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. L. Gerald Beery

Licensed Embalmer No. 7-20

P. O. Address Sheldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.