

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35031**

**FILED NOV 13 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **5956** Registrar's No. **149**

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

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Calumet</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Elsberry</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 miles east of Elsberry</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>ASA</b> c. (Last) <b>STROTHER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2, 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>AUG. 29, 1902</b>
9. AGE (In years last birthday) <b>54</b>		10. MONTHS <b>5</b>	11. HOURS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chemical Corp.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ASHLEY, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>LOUIS A. STROTHER</b>	
13b. MOTHER'S MAIDEN NAME <b>IDA KENDALL</b>		14. NAME OF HUSBAND OR WIFE <b>ROBNETTA STROTHER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>W. W. TWO</b>		16. SOCIAL SECURITY NO. <b>497-03-9275</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>WIFE</b>		ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowning</b> 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.	
19a. DATE OF OPERATION <b>Nov 2</b>		19b. MAJOR FINDINGS OF OPERATION <b>9298</b> <b>42</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <b>SLIP/STRIKE</b> <b>HOMICIDE</b> <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Missouri River</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>Calumet</b> (COUNTY) <b>Pike</b> (STATE) <b>Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) <b>Nov 2 1956 3P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Fell out of boat</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <b>and on Nov 2</b> , 19 <b>56</b> , and that death occurred at <b>3P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. C. Mudd</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Trailing Green Mo</b>	
23c. DATE SIGNED <b>Nov 3-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov. 5, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>		24d. LOCATION (City, town, or county) (State) <b>ELSBERRY, Mo.</b>	
DATE RECD BY LOCAL REG. <b>Nov. 5, 1956</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	
5. FUNERAL DIRECTOR'S SIGNATURE <b>Garland</b>		ADDRESS <b>Elsberry, Mo.</b>	

**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 *Galbreath*

Licensed Embalmer No. *4012*

P. O. Address *Colaberry, D*

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.