

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43470**

FILED JAN 2 1958

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY OR TOWN RURAL WORANCE		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) LIFETIME		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR LEOPOLD		e. STREET ADDRESS (If rural, give location) NEAR LEOPOLD 2090	

3. NAME OF DECEASED (Type or Print) a. (First) BRYAN b. (Middle) ZETTIE c. (Last) STRODER			4. DATE OF DEATH (Month) (Day) (Year) 12-22-1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-7-1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Days 0 Hours 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY 486-38	11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME FRANK STRODER	13b. MOTHER'S MAIDEN NAME MARY HARTLE	14. NAME OF HUSBAND OR WIFE STELLA M. STRODER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-382041	17. INFORMANT'S SIGNATURE OR NAME STELLA M. STRODER ADDRESS LEOPOLD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH Acute
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) Atherosclerosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 **Oct. 20, 1957** to **December 7, 1957**, that I last saw the deceased alive on **12-21, 1957**, and that death occurred **at 12-22-57** from the causes and on the date stated above.

23. SIGNATURE (Degree or title) William J. Freitas, M.D., Lutesville Mo.	23b. ADDRESS	23c. DATE SIGNED 12-26-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-26-1957	24c. NAME OF CEMETERY OR CREMATORY ST. JOHN CEM.	24d. LOCATION (City, town, or county) (State) LEOPOLD Mo.
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DATE REC'D BY LOCAL REG. 12/26/57	REGISTRAR'S SIGNATURE Mo. Buford Crader	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME ADDRESS LUTESVILLE, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 6 1958

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 J. E. Graham.....

Licensed Embalmer No. 4010

P. O. Address Lutesville,

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.