

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013069
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY ADAIR			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ADAIR 0013		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME #2		Length of stay in lb	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle E. Last STROUD			4. DATE OF DEATH Month APRIL Day 16 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 5, 1885	9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY DEPT. BUILDING	11. BIRTHPLACE (City and state or country) MAHASKA-CO., IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SMITH STROUD			14. MOTHER'S MAIDEN NAME NANCY GREER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 121-05-3517	17. INFORMANT Address VIRGIL STROUD, BETHANY, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachectic and debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertrophoma of left kidney DUE TO (c) 180x					INTERVAL BETWEEN ONSET AND DEATH weeks months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 2-10-58 to 4-16-58 and last saw him alive on 4-16-58 Death occurred at 12:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George H. Scheerer, D.O.		22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 4-22-58	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE APR. 18, 1958	23c. NAME OF CEMETERY OR CREMATORY BRASHEAR	23d. LOCATION (City, town, or county) (State) BRASHEAR, MO		
24. FUNERAL DIRECTOR ADDRESS Billy Rogers Brashear, Mo		25. DATE RECD. BY LOCAL REG. 4-22-58	26. REGISTRAR'S SIGNATURE Dora W. Rathoff		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 2 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 Richard B. Kelly

Licensed Embalmer No. 719

P. O. Address Elia

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.