

FILED DEC 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046903

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Morehouse</u> <u>0920</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MO. Delta Comm. Hosp. INSTITUTION		Length of stay in 1b <u>2 Days</u>	d. STREET ADDRESS (If outside, give location) <u>_____</u>
3. NAME OF DECEASED (Type or print) First <u>FLORENCE</u> Middle <u>MAILDO</u> Last <u>STROUD</u>			4. DATE OF DEATH Month <u>12</u> Day <u>8</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-4-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	9. AGE (In years last birthday) <u>61</u>
11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Newton Capps</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Buchanan</u>	14. NAME OF HUSBAND OR WIFE <u>Kelly Stroud</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT Address <u>Mary Asher, Flint, Michigan</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ess. Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia - secondary.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>
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.) <u>331X</u>	
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 Death occurred at <u>5:40 P.</u> <u>12-6-58</u> to <u>12-8</u> and last saw her alive on <u>12-8-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. D. Urban</u>		22b. ADDRESS <u>Sikeston, Mo.</u>	22c. DATE SIGNED <u>12-13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-10-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bluff Cemetery</u>
23d. LOCATION (City, town, or county) <u>Idalia</u>		(State) <u>Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Watkins & Sons Morehouse, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-58</u>	26. REGISTRAR'S SIGNATURE <u>Miss Ella Hunter</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *March Withers*

Licensed Embalmer No. *4717*

P. O. Address *Depto. No.*

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.