

# R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011652

FILED VS MAR 28 1960

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora</b>		Length of stay in 1b		c. CITY OR TOWN <b>Aurora Rt. 2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>7 Miles Southeast of Aurora</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <b>John A. Sroufe</b>				4. DATE OF DEATH Month <b>March</b> Day <b>22</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-27-1901</b>		9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Kent</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>						
13a. FATHER'S NAME <b>Albert Sroufe</b>				13b. MOTHER'S MAIDEN NAME <b>Mary McAtee</b>				14. NAME OF HUSBAND OR WIFE <b>Mrs. Iva Sroufe</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>546-03-4585</b>		17. INFORMANT <b>Mrs. Iva Sroufe</b>				Address <b>Aurora, Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rupture of the Myocardium</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b>										<b>10 mos.</b>			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year													
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 <u>5/7/59</u> to <u>3/22/60</u> and last saw her/him alive on <u>11/23/59</u> Death occurred at <u>2:00</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>J. P. [Signature]</i> (Degree or title)						22b. ADDRESS <i>Lawrence, Mo.</i>			22c. DATE SIGNED <b>3-23-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-27-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Dice Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Wheaton, Missouri</b>						
24. FUNERAL DIRECTOR <b>Oscar L. Marsh</b> ADDRESS <b>Aurora, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>3-25-1960</b>		26. REGISTRAR'S SIGNATURE <i>Ora Me Natt</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Melvin C. Garrett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin C. Garrett  
Signature of Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Arroyo m

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.