

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016447

FILED VS MAY 16 1960

STATE FILE NUMBER

INDEXED

Registration District No. 292

Primary Registration District No. 4454

Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New London		c. CITY OR TOWN New London	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hunter Hulse Feed Store		d. (STREET) ADDRESS (If outside, give location) R.F.D. # 3	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle LAPSLEY (LAP) Last STRODE		4. DATE OF DEATH Month May Day 4 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 22, 1888
9. AGE (last birthday) 71		10. IF UNDER 1 YEAR Months 10 Days 12	
11. IF UNDER 24 HR Hours Min. 		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Edward Strode		13b. MOTHER'S MAIDEN NAME Cora Nichols	
14. NAME OF HUSBAND OR WIFE Arena Rosser (Strode)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) as W W I	
16. SOCIAL SECURITY NO. 486 28 6069		17. INFORMANT AS.L. Strode Jr. New London Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Chronic Coronary Thrombosis DUE TO (c) Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None Known 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		INTERVAL BETWEEN ONSET AND DEATH 30 seconds 1 year	
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 May 4 '60 to May 4 '60 and last saw him alive on May 4, 1960 Death occurred at 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C.H. Brooke D.O.	
22b. ADDRESS Center, Mo.		22c. DATE SIGNED 5-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/7/1960	
23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery		23d. LOCATION (City, town, or county) (State) New London Missouri	
24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri		25. DATE REC'D. BY LOCAL REG. 5/13/1960	
26. REGISTRAR'S SIGNATURE Blade G. Wilkey		27. my	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John S. St. On

Licensed Embalmer No. 4540

P. O. Address Hannibal, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.

MAY 18 1981