

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

53

Registration District No. _____ Primary Registration District No. 3010

Registrar's No. 279

=60-022544

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape Gir					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 30 yr		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 Elm St			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 500 Elm		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ivan Middle Ray Last Stroup				4. DATE OF DEATH Month July Day 2 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-8-1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 4 Days 24	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Engineer			10b. KIND OF BUSINESS OR INDUSTRY Heavy Equipment		11. BIRTHPLACE (City and state or country) Wayne County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME Neil Stroup			13b. MOTHER'S MAIDEN NAME Mary Moore			14. NAME OF HUSBAND OR WIFE Fern Stroup			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. War 1			16. SOCIAL SECURITY NO. 497-01-7625		17. INFORMANT Address Mrs Fern Stroup, Cape Gir 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) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH 5 years.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left hemiplegia from a previous cerebral thrombosis.					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 January 1950 , to July 2, 1960 and last saw her alive on July 2, 1960 Death occurred at 8:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Edward O. Campbell</i> (Degree or title) M.D.				22b. ADDRESS Cape Girardeau, Missouri				22c. DATE SIGNED 7-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-6-60	23c. NAME OF CEMETERY OR CREMATORY Lorimier		23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.				
24. FUNERAL DIRECTOR Brinkert Howell, Cape Gir Mo.				25. DATE RECD. BY LOCAL REG. 7-9-60		26. REGISTRAR'S SIGNATURE <i>Jesse Kasten</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960
JUL 13 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wesley H. Broadhead

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.