

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-023723**

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. B D 75 Registrar's No. 54

AMENDED

**FILED JUL 13 1961**

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>Ripley</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>DEXTER</u>		c. CITY OR TOWN <u>RURAL</u>	
Length of stay in lb <u>10 DAYS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DEXTER CONVALESCENT HOME</u>		d. STREET ADDRESS (if outside, give location) <u>1 MI. E. FAIRDEALING</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>EVERETT</u> Last <u>STROUD</u>			4. DATE OF DEATH <u>JUNE 24 - 1961</u> Month <u>JUNE</u> Day <u>24</u> Year <u>1961</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-20-86</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (City and state or country) <u>PEORIA, ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HENRY STROUD</u>		13b. MOTHER'S MAIDEN NAME <u>VIOLA TOLLIVER</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE STROUD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>1075 DELORES</u>		INFORMANT <u>EARL STROUD</u> <u>OLIVETTE 32, No.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		<u>5 days</u>	
DUE TO (b) <u>Left Hemiplegia</u>		<u>10 days</u>	
DUE TO (c) <u>Peritonitis</u>		<u>5 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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>June 15, 1961</u> to <u>June 24, 1961</u> and last saw her/him alive on <u>June 24, 1961</u> Death occurred at <u>4:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>DEXTER MO</u>	22c. DATE SIGNED <u>6/28/61</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>AURIAL</u>	23b. DATE <u>6-25-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRDEALING, CEM.</u>
23d. LOCATION (City, town, or county) <u>FAIRDEALING, MO.</u>		

24. FUNERAL DIRECTOR <u>Edwards-Parrent F.H.</u> ADDRESS <u>Naylor, Mo</u>	25. DATE REQD. BY LOCAL REG. <u>7/6/61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 *Gene H. Parrent*  
Licensed Embalmer No. 4809

P. O. Address *Naylor, Mo*

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.