

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045306

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 269

STATE FILE NUMBER

AMENDED

FILED JAN 5 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JASPER</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARTHAGE</u>		Length of stay in 1b <u>3 YRS.</u>	c. CITY OR TOWN <u>CARTHAGE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>149 W. CENTRAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>149 W. CENTRAL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>SARAH</u> Middle <u>JANE</u> Last <u>STROUP</u>			4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>61</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>12/17/63</u> 9. AGE (last birthday) <u>98</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>HOUSEMAKING</u>	11. BIRTHPLACE (City and state or country) <u>MT. VERNON, MO.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN P. WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CHERRY</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM A. STROUP</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (if yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>MRS. WINIFRED BRUMMETT, CARTHAGE, MO.</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>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20-25 yrs.</u>
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) <u>Senility, unable to eat well.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>9-29-53</u> to <u>12-27-61</u> and last saw her/him alive on <u>12-27-61</u> . Death occurred at <u>1:55 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Sherwood Patterson M.D.</u>		22b. ADDRESS <u>510 S. MAIN, CARTHAGE, MO.</u>	22c. DATE SIGNED <u>12/27/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12/29/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WILLIAMS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>JASPER CO. MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>ULMER FUNERAL HOME, CARTHAGE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-28-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

**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     Melvin Garrett    

Licensed Embalmer No.     5121    

P. O. Address     CARTHAGE, 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.