

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046722
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 271

NOV 26 1963

VS 300
Rev. 4/59

1 1007
2 0720
3
4 0
5 1
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7 0
8 2
9 X
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11 100
12 1-0
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		Length of stay in 1b <u>9 days</u>	c. CITY OR TOWN <u>MOREHOUSE</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>MO. DELTA COMMUNITY HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>P.O. BOX 453</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>OSCAR EARNEST STROUD</u>			4. DATE OF DEATH Month Day Year <u>11-18-63</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>11-22-1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	9. AGE (last birthday) <u>53</u> IF UNDER 1 YEAR Months Days Hours Min. <u>11 26</u>
11. BIRTHPLACE (City and state or country) <u>Stoddard County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Sharman Stroud</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Yates</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Jordan Stroud</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>Yes WWII</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>8 Earnest Jennings Stroud, Morehouse, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>FRACTURE OF CERVICAL VERTEBRA WITH TRANSVERSE MYELITIS</u>			<u>9 days</u>
DUE TO (c) <u>CEREBRAL CONCUSSION</u>			<u>9 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 checked="" 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.) <u>AUTOMOBILE ACCIDENT</u>	
20c. TIME OF INJURY Hour <u>6:00</u> Minute <u>00</u> p.m.	Month, Day, Year <u>11-9-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY BETWEEN SIKESTON AND MOREHOUSE, MISSOURI</u>		20f. CITY, TOWN, OR LOCATION <u>SIKESTON</u>	STATE <u>MISSOURI</u>
21. I attended the deceased from <u>11-9-63</u> to <u>11-18-63</u> and last saw ^{XBOX} him alive on <u>11-18-63</u> Death occurred at <u>10:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John Sargent MD</u> (Degree or title)		22b. ADDRESS <u>808 East Wakefield Sikeston, Missouri</u>	22c. DATE SIGNED <u>11-20-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Triplett Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Near Idalia, Stoddard Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Gene Hummel</u> ADDRESS <u>Nunnelee Funeral Chapel, Sikeston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 22, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Jeanette Walden</u>

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DEC 4 1963

DEC 5 1963

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 Edward E. Munnick

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.

Permit renewed Nov 18 - 1963