

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41169

State File No.

89

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Hardin</u>		c. LENGTH OF STAY (in this place) <u>76</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hardin</u>	
		d. STREET ADDRESS (If rural, give location) <u>3</u>	
3. NAME OF DECEASED (Type or Print) <u>Dora</u>		a. (First) <u>Laurinda</u> b. (Middle) <u>Stratton</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28-48</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 15 1972</u>
9. AGE (In years last birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>99</u>	
13a. FATHER'S NAME <u>Robert R. Summerman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Snowden</u>	
14. NAME OF HUSBAND OR WIFE <u>Daniel W. Stratton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dora Frances Shisley</u>		ADDRESS <u>Hardin</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>83a</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Paralysis - Hemiplegia Left side</u>		<u>12 yrs 9 mo</u>	
DUE TO (c) <u>Arterio-sclerosis</u>		<u>12-13 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>no</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>0</u>			
22. I hereby certify that I attended the deceased from <u>12/26, 1948</u> , to <u>12/28, 1948</u> , that I last saw the deceased alive on <u>12/28, 1948</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marvin Brines M.D.</u>		23b. ADDRESS <u>Hardin, Mo</u>	
23c. DATE SIGNED <u>12/30/1948</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hardin Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 31-1948</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Boggs</u>		ADDRESS <u>Highway</u>	

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-49

MAR 3 1949

DEPT 110

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.

Signed Robert R. Boggers

Licensed Embalmer No. 3576

P. O. Address Ridgeway 9mo

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.