

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4325  
34

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 days St. Mary's before St. Mary's Hospital</u>		d. STREET ADDRESS <u>St. Mary's Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Stratman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 15 - 50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 23, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Mary's Hospital</u>	9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>22</u> IF UNDER 11 HRS. Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>James Stratman</u>		11b. MOTHER'S MAIDEN NAME <u>Anna Neutman</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, near or not) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Kate Tennessee</u>			ADDRESS <u>Denver</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> <u>6 yrs</u> DUE TO (c) <u>Hypertension</u> <u>6 yrs.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>			<u>3.32X</u>
19a. DATE OF OPERATION		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 1, 1950</u> , to <u>Feb 15, 1950</u> , that I last saw the deceased alive on <u>Feb 15, 1950</u> and that death occurred at <u>11:56 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Francis P. Smith M.D.</u>		23b. ADDRESS <u>507 C. H. Rd</u>	23c. DATE SIGNED <u>Feb 15/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Restlition</u>	24d. LOCATION (City, town, or county) (State) <u>Denver Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 15-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD-DR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M.P. Cunningham</u>	
		ADDRESS <u>Denver Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

District File Number  
District Health Officer No. 9  
RECEIVED FEB 21 1950

MAR 2 1951

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *W.C. Cunningham*

Licensed Embalmer No. *3664*

P. O. Address *Cerrito 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 this body is not embalmed, fact should be so stated above.