

FILED JAN 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. _____ Registrar's No. 83

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4578

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hallister</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hallister</u>	
c. LENGTH OF STAY (If in place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>PO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dessa</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Stratton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>12-27-1898</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 6 HRS: Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Stendley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry B 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>Henry B Stratton</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion -</u>	
19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion -</u>		ANTECEDENT CAUSES <u>Don't know</u>	
*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>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	
DUE TO (c) <u>none</u>		II. OTHER SIGNIFICANT CONDITIONS <u>none</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)		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 12/15, 1950 to 12/15, 1950, that I last saw the deceased alive on 12/15, 1950, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Harry T. Egan (Degree or title) 23b. ADDRESS Branon, MO 23c. DATE SIGNED 12/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warransburg</u>	
24d. LOCATION (City, town, or county) (State) <u>Warransburg MO</u>		DATE REC'D BY LOCAL REG. <u>Dec 19-1950</u>		REGISTRAR'S SIGNATURE <u>J E Cooper</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. Helch</u>		ADDRESS <u>Funeral Home</u>			

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

1060
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 27 1950
Dist. File 1250-2560

Date Filed 12-27-50

FEB 13 1959

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.....

Signed.....
Student Embalmer

Signed *Minnie L. Whelchel*

Licensed Embalmer No. 2277

P. O. Address *Dunwoody*

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.