

FILED MAY 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13480

BIRTH NO. 42470-571 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5919 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Perry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u> <u>1790</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys, Mo. R.l.</u>			d. STREET ADDRESS <u>St. Marys, Mo. R.l.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paula</u> b. (Middle) <u>Marie</u> c. (Last) <u>Strattman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 22, 1950</u>	9. AGE (in years last birthday) <u>8</u>	IF UNDER 1 YEAR Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lawrence Strattman</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Hagan Strattman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Strattman, St. Marys, Mo. R.l.</u> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Enteritis</u>				<u>1 day</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) <u>492X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>4-4-51</u> , 19 <u> </u> , to <u>4-5-51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-4-51</u> , 19 <u> </u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Bailey M.D.</u> (Degree or title)			23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>4-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lithium, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 7-1951</u>	REGISTRAR'S SIGNATURE <u>Joseph J. Zollner</u> <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey, Perryville, Mo.</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 _____

Albert Bey

Signed
Student Embalmer

Licensed Embalmer No. 38866

P. O. Address. Perryville, 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.