No. 300
10-48

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

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27218

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3697

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Luke's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lincoln
d. STREET ADDRESS (If rural, give location): 1000 X

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) OLIVER c. (Last) STRATTON
4. DATE OF DEATH (Month) (Day) (Year): Aug 28 1951
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 2, 1870
9. AGE (In years last birthday): 80 — If under 1 year: Months ~~4~~ Days ~~20~~ — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY: Medical Doctor
11. BIRTHPLACE (State or foreign country): Benton Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Charles S. Stratton
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Fannie Stratton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Fannie Stratton ADDRESS: Lincoln Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute bacterial Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____ 43000H

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Stomach — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 19, 1951, *to* Aug 28, 1951, *that I last saw the deceased alive on* Aug 28, 1951, *and that death occurred at* 4:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. G. Berry (Degree or title): MD
23b. ADDRESS: 315 Nichols Rd. Kansas City Mo
23c. DATE SIGNED: Aug 28 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 31, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mt Pleasant
24d. LOCATION (City, town, or county) (State): Benton Co Mo

DATE REC'D BY LOCAL REG: 8-29-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: John T Reser ADDRESS: Lincoln, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1957

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 .....
Student Embalmer

Signed John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.