

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1951

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 4346

040

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

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Crane</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Rauland</u> c. (Last) <u>Stratton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 16 1884</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR <u>11</u> MONTHS <u>30</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Distributor</u>		11. BIRTHPLACE (State or foreign country) <u>Red Oak Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J. B. Stratton</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Birthe Stratton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Rose Mary Jack Marshall Md</u>	

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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</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>Coronary occlusion</u>			18 Months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept. 4, 1949, to Sept. 6, 1951, that I last saw the deceased alive on Sept. 4, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred H. Nemmach M.D.</u> (Degree or Title)		23b. ADDRESS <u>Crane, Mo.</u>		23c. DATE SIGNED <u>9-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	
		24d. LOCATION (City, town, or county) (State) <u>Crane, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>Sept. 8. 51</u>		REGISTRAR'S SIGNATURE <u>Miss J. Elmer Bussard</u> 317		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clay H. Manlove</u> ADDRESS <u>Crane, Mo</u>	
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Rebecca Mura Licensed Embalmer's Statement on Reverse Side

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

RECEIVED OCT 4 1951

Dist. File - 10-51-122

Date Filed - 10-6-51

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, only

working under my personal supervision.

Student Embalmer No.....

Signed George H. Manlove

Signed.....
Student Embalmer

Licensed Embalmer No. 3827

P. O. Address: Clare, Michigan

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.