

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32842

State File No. \_\_\_\_\_

FILED OCT 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <u>South East Hospital, Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas City Missouri</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u> <u>Kansas City Mo</u>		c. LENGTH OF STAY (in this place) <u>10 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital Cape Gir</u>		d. STREET ADDRESS <u>Unknown</u>	

3. NAME OF DECEASED (Type or Print) <u>Mrs Faustine Stratton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 51</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months   Days   Hours   Min.	IF UNDER 2 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Unknown</u>	ADDRESS <u>Unknown</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Empyemia &amp; bruises of body.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E936.9</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>115 23</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Unknown</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Gir Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>10 30</u> <u>Oct 10 51 A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Unknown</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. Drickey</u>	(Degree or title) <u>3 Coroner</u>	23b. ADDRESS <u>4.S. Pacific St Cape Girardeau</u>	23c. DATE SIGNED <u>Oct 11. 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 11-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
DATE REC'D BY LOCAL REG. <u>10-11-51</u>	REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe S. Howell</u>
			ADDRESS <u>Cape Gir Mo</u>

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

0164

RECEIVED

OCT 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

MAY 4 1953

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.....

*Was not Embalmed*

Signed

*C. H. Estes*

Signed.....

Student Embalmer

Licensed Embalmer No. *3588*

P. O. Address *Cape Hill Va.*

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.