

FILED DEC 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39486

State File No. 4322

Registrar's No. 705

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lindley Twp.</b>	
c. LENGTH OF STAY (in this place) <b>3 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>5 miles North of Cainsville, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lambert Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Stratton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Now. 27 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 11 1874</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General farm</b>	11. BIRTHPLACE (State or foreign country) <b>Mercer Co., Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Jonathan Stratton</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Tong</b>	14. NAME OF HUSBAND OR WIFE <b>Laura Stratton (Deceased)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Irene Helton, Plesanton, Iowa.</b>	ADDRESS
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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, asthma, 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) <b>Congestive Heart Failure</b>		<b>1 year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Embolism</b>		<b>5 years</b>  <b>1 week</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Dist. H. 200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Oct 21, 1951**, to **Nov 27, 1952**, that I last saw the deceased alive on **Nov 27, 1952**, and that death occurred at **8:00 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Miriam Lambert M. D.</b>	23b. ADDRESS <b>Princeton, Missouri.</b>	23c. DATE SIGNED <b>11-28-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Freedom Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>RD Cainsville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-4-52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Cainsville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

650

8650

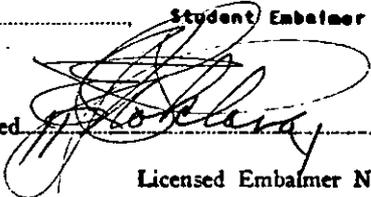
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed  \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.