

## STANDARD CERTIFICATE OF DEATH

State File No. 9176

EV. 10-48

MAR 21 1953

BIRTH NO.		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 289		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYCOMO</u>		c. LENGTH OF STAY (in this place) <u>31 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYCOMO Mo 6000</u>		d. STREET ADDRESS (If rural, give location) <u>R #5 N.K.C. Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#5 N.K.C. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>R #5 N.K.C. Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LORVA</u> b. (Middle) <u>A</u> c. (Last) <u>STRATTON</u>			4. DATE OF DEATH MAR. 13-53		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 14-1865</u>		9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>10</u>		11. DAYS <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNK. Fanning</u>			13b. MOTHER'S MAIDEN NAME <u>UNK. KNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>OLIVER O. STRATTON</u>			
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>HOMER C. DAVIS - CLAYCOMO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES						3 wks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>arteriosclerosis</u>						10 yr.	
		DUE TO (c) <u>hypertension</u>						10 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (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>June</u> , 1951, to <u>March</u> , 1953, that I last saw the deceased alive on <u>Mar 13</u> , 1953, and that death occurred at <u>10:05 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Halver L. Washburn M.D.</u>				23b. ADDRESS <u>Gasland, Mo</u>		23c. DATE SIGNED <u>10/14/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-16-53</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's N.K.C. Mo.</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Glenn A. Hill

Signed.....  
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address R. C. 16, 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.