

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14824**

FILED APR 23 1953

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **66**

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) LEBANON		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lebanon T.S.	
c. LENGTH OF STAY (in this place) 7 hrs		c. CITY (If outside corporate limits, write RURAL and give township) 0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memo.		d. STREET ADDRESS (If rural, give location) Lebanon MO Rt. 1	

3. NAME OF DECEASED a. (First) Robert b. (Middle) Charles c. (Last) Stratton			4. DATE OF DEATH (Month) (Day) (Year) Apr. 12 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 25 1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Laclede Co MO.	
13a. FATHER'S NAME Robert S. Stratton			13b. MOTHER'S MAIDEN NAME Nettie Corsey		14. NAME OF HUSBAND OR WIFE Anna Frances Stratton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.C. Stratton Lebanon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 4-11-53
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		DUE TO (c) Heart Disease			3-10-50
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 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **3-10**, 19**50**, to **4-12**, 19**53**, that I last saw the deceased alive on **4-11**, 19**53**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. C. Stratton		23b. ADDRESS Lebanon MO		23c. DATE SIGNED 4-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/53		24c. NAME OF CEMETERY OR CREMATORY Lebanon	
24d. LOCATION (City, town, or county) (State) Lebanon MO		24e. DATE REC'D BY LOCAL REG. 4-15-1953		24f. REGISTRAR'S SIGNATURE Wella S. Day	
24g. FUNERAL DIRECTOR'S SIGNATURE Palmer Lebanon MO		24h. ADDRESS		25. FUNERAL DIRECTOR'S SIGNATURE Palmer Lebanon MO	

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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 S. R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2209

P. O. Address Lebanon 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.