

FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20962

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4088 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellsinore</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellsinore</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Stratton</u> c. (Last) <u>Stratton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 26-1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u>
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>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>Carter Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Stratton</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Stratton</u> ADDRESS <u>Ellsinore Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Arteriosclerosis</u>		?	
DUE TO (c) <u>Carcinoma of Prostate</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>7/1/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201H</u>		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) (Minute)		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 Feb, 1952 to 6 June, 1953 that I last saw the deceased alive on 4 June, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. H. Harrison MD</u>		23b. ADDRESS <u>3211th Blvd. P.O. Box 23</u>		23c. DATE SIGNED <u>23 June 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel</u>	
24d. LOCATION (City, town, or county) <u>Carter Co Mo.</u>		24e. NAME OF FUNERAL HOME <u>Oppler Bluff</u>		24f. ADDRESS <u>Oppler Bluff Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 1-53</u>		REGISTRAR'S SIGNATURE <u>Mr. Oeta Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oppler Bluff</u> ADDRESS <u>Oppler Bluff Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 6-6

working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas A Jenche

Signed.....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Jasper Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.