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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43985

State File No.

FILED JAN. 4 1954

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6043 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois.</u> b. COUNTY <u>St. Clair.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WASHINGTON TWP. ---</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis. 4120</u>	
c. LENGTH OF STAY (in this place) <u>---</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy. No. 14. 6 1/2 Mi. E. of Doniphan. 417 Brady Avenue.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Johnnie Eugene</u>	b. (Middle) <u>Stratton.</u>	c. (Last) <u>Stratton.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 26, 1953</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married.</u>	8. DATE OF BIRTH <u>Dec. 20, 1936.</u>	9. AGE (In years last birthday) <u>17.</u> Months <u>---</u> Days <u>---</u> Hours <u>---</u> Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>messenger for Western Union.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Ripley County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christopher A. Stratton.</u>	13b. MOTHER'S MAIDEN NAME <u>Ina May Farr.</u>	14. NAME OF HUSBAND OR WIFE <u>Never married.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>347-26-1930.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. H. Stratton East Louis, Mo.</u>	ADDRESS <u>---</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, asthenia, 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>Crushed chest.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>Automobile overturned.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured skull.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>STATE HWY. No. 14</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WASHINGTON TWP. RIPLEY Mo. 091</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>DEC. 25, 1953. 11:45 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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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 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Means, Coroner.</u>	23b. ADDRESS <u>Doniphan, Missouri.</u>	23c. DATE SIGNED <u>12-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	24b. DATE <u>DEC. 27, 1953.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GOOD HOPE CEMETERY RIPLEY COUNTY, MISSOURI.</u>	24d. LOCATION (City, town, or county) (State) <u>---</u>
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DATE REC'D BY LOCAL REG. <u>12-27-53</u>	REGISTRAR'S SIGNATURE <u>(Signature) 277</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means, Doniphan, Mo.</u>	ADDRESS <u>---</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1936. 1. 17. NHP

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ray Mearns.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.