

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18531**

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 5438		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brush Creek		c. LENGTH OF STAY (in this place) few hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		d. STREET ADDRESS (If rural, give location) 613 Apple Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Tea, Mo.				d. STREET ADDRESS (If rural, give location) 613 Apple Ave.			
3. NAME OF DECEASED (Type or Print) Charles Emmett Stradford			4. DATE OF DEATH June 27, 1954				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 29, 1913	
9. AGE (In years) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Excavating & Mining		11. BIRTHPLACE (City and State or Foreign Country) Canaan, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Excavating & Mining		10b. KIND OF BUSINESS OR INDUSTRY Excavating		11. BIRTHPLACE (City and State or Foreign Country) Canaan, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Stradford		13b. MOTHER'S MAIDEN NAME Rebecca Reed		14. NAME OF HUSBAND OR WIFE Stradford Elsie Vorderbruegge			
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 497-10-4267		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elsie Stradford Owensville, 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) Drowning ANTECEDENT CAUSES Possible blood clots interfering Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) As cause of Death DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9298 42				INTERVAL BETWEEN ONSET AND DEATH ✓	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River, Brush Creek		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gasconade Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-27-1954 3:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Partly dived into River			
22. I hereby certify that I attended the deceased from 6-27, 1954 to 6-27, 1954 , that I last saw the deceased alive on 18 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. A. Schmitt M.D.				23b. ADDRESS Yerak		23c. DATE SIGNED 6-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-30-1954		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.	
DATE REC'D BY LOCAL REG. June 30, 1954		REGISTRAR'S SIGNATURE Mrs. Marvin Jappney		25. FUNERAL DIRECTOR'S SIGNATURE Willard H. H. Winters		ADDRESS OWENSVILLE	

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

JUL 2 1931

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 Ma

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Malford H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.