

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4326

State File No. \_\_\_\_\_  
563  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5731</u>		State File No. <u>563</u>		Registrar's No. <u>563</u>					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).									
a. COUNTY <u>Franklin</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Franklin</u>							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Prairie</u> )			c. LENGTH OF STAY (in this place) <u>83 yrs</u>		c. CITY OR TOWN <u>Lonedell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lonedell Route</u>				e. STREET ADDRESS (If rural, give location) <u>Prairie Twp. 0300</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>George</u>		b. (Middle) <u>H</u>		c. (Last) <u>Strattman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 24, 1872</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lonedell, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Henry Strattman</u>				13b. MOTHER'S MAIDEN NAME <u>Gertrude---</u>				14. NAME OF HUSBAND OR WIFE <u>Amanda Strattman</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 ADDRESS <u>Ida Short Lonedell, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION											
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Psychoneurosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death not related to the disease or condition above. <u>Arteriosclerosis</u>				Years <u>4</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>304x</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) 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>Feb. 2, 1956</u> to <u>2-17, 1956</u> , that I last saw the deceased alive on <u>2-15, 1956</u> and that death occurred at <u>5-46 m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>W. W. Eitchell, M.D.</u>				23b. ADDRESS <u>St. Clair, Mo.</u>				23c. DATE SIGNED <u>2-17-56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lonedell, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>2-18-56</u>		REGISTRAR'S SIGNATURE <u>Blough Williams 511-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton L. L... St. Clair, Mo.</u>			ADDRESS					

(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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *K. M. Leno*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Clair, Va.*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**