

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14315

State File No.

FILED APR 30 1957

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Ray, County, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond.</u>) c. LENGTH OF STAY (In this place) <u>21 Days.</u>		c. CITY OR TOWN <u>Norborne.</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clemens Rest Home.</u>		e. STREET ADDRESS (If rural, give location) <u>209. West 4th Street.</u> 0170 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josep</u>	b. (Middle) <u>Schelby</u>	c. (Last) <u>Stratton.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 25/1957</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>Widowed.</u>	8. DATE OF BIRTH <u>Sept. 29-1870.</u>	9. AGE (In years last birthday) <u>86.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Farmer and Days Labor.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Norborne Carroll County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Shelby Stratton.</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Wheeler.</u>	14. NAME OF HUSBAND OR WIFE <u>None.</u>
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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>500-03-6936</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Estella Stratton, Norborne Mo</u>	ADDRESS _____
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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, asphyxia, 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>Cardio Vascular Disease</u>		<u>5 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis + Hypertension</u>		<u>10 yrs</u>
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 _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>443x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 7/10/57, to 4/25/57, that I last saw the deceased alive on 4/25/57, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. E. G. Reese</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Richmond Mo</u>	23c. DATE SIGNED <u>7/27/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>April 28/1957.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>April 27-1957</u>	REGISTRAR'S SIGNATURE <u>Malhel Jackson</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>John B. Welch</u>	ADDRESS <u>Norborne Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

273

May County, N.C. St. Davids 1400 North
 Citizens Rest Home Joseph White 1100
 Chapel Hill, N.C. 27515 1100
 Joseph White 1100
 Chapel Hill, N.C. 27515 1100
 Joseph White 1100
 Chapel Hill, N.C. 27515 1100

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

Student.....
 Signature of Student Embalmer

Signed John G. Deitch.....
 Licensed Embalmer No. 3654.....
 P. O. Address Norborne M.....

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 stated above.