

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

STATE FILE NUMBER 3036 0217049

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 69

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY LAWRENCE		a. STATE MISSOURI	b. COUNTY LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA MO.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN AURORA	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in the hospital, give location) HOSPITAL OR INSTITUTION 308 W. COLLEGE	Length of stay in lb	d. STREET ADDRESS 308 W. COLLEGE	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
JESSIE STRATTON			JUNE 29-1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) JASPER COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13. FATHER'S NAME SAMUEL VAUGHN		14. MOTHER'S MAIDEN NAME AMANDA LITTLETON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Address Miss Mary Stratton Aurora MO			

18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 3 yrs.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) An. Blood DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 4-11-55 to June 29-57 and last saw her alive on June 23-57		
Death occurred at 2:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) R. L. Cowan, M.D.		22b. ADDRESS Aurora, Mo.
		22c. DATE SIGNED 7/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/1/57	23c. NAME OF CEMETERY OR CREMATORY Maple Park	23d. LOCATION (City, town, or county) (State) Aurora, MO.
24. FUNERAL DIRECTOR Oscar S. Marsh		25. DATE RECD. BY LOCAL REG. 7/1/57	26. REGISTRAR'S SIGNATURE Ora Mc Natt

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 7 1961

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 *Myself* Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Oliver L. Hart*

Licensed Embalmer No. 38

P. O. Address *Florida*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.