

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39554**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5228** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill (rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill (rural)	
c. LENGTH OF STAY (in this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) R.F.D.# 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#3			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Omer c. (Last) Strattan			4. DATE OF DEATH (Month) (Day) (Year) 11/10/57		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Jan. 16, 1882			9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Days _____ IF UNDER 1 Mth. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Oliver Strattan		13b. MOTHER'S MAIDEN NAME Catharine Armitta Williams		14. NAME OF HUSBAND OR WIFE Strattan Mrs. Eunice E. Yankee	
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 NO. 490-42-392513		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eunice E. Strattan Pleasant Hill, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		DUE TO (b) hypertention		few min	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		unknown	
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? 2 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) 334X	
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?	

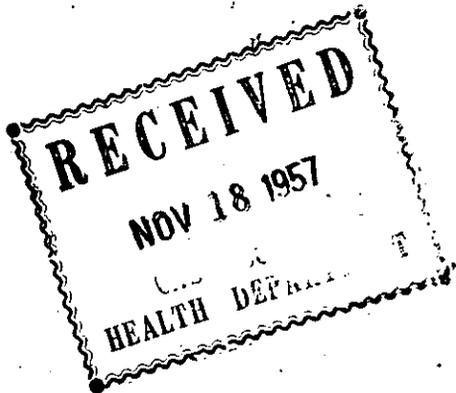
22. I hereby certify that I attended the deceased from **Oct. 1957, to Nov 10, 1957**, that I last saw the deceased alive on **Nov 10, 1957**, and that death occurred at **12:30 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Starks, D.O. Lone Jack, Mo		23b. ADDRESS Nov 10 57		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/12/57		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	
24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri					

DATE REC'D BY LOCAL REG. 11-12-57		REGISTRAR'S SIGNATURE Nora Barman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brownfield-Stanley Pleasant Hill, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4570



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 Raymond A. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill, 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.