

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000171

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arab, Wayne Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Arab Wayne Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Arab, Mo.</u>		Length of stay in 1b <u>65 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Wayne Twp.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Hurman Stratman</u>			4. DATE OF DEATH Month Day Year <u>Jan. 7, 1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 24, 1970</u>		9. AGE (In years last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister, Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister, Farmer</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John T. Stratman</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Sitzful</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Jackson Stratman</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.		17. INFORMANT Address <u>Ollie Jackson Stratman, Arab, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary carcinoma</u> DUE TO (b) <u>Hemorrhage, shock, uremia</u> DUE TO (c) <u>Carcinoma of prostate</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <u>Senility and Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> <u>3 days</u> <u>1 1/2</u>
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.) <u>None</u>			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. <u>11-6-58</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>177X</u>			
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 <u>11-6-58</u> and last saw him alive on <u>Jan 7-1959</u> Death occurred at <u>6:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>D. A. Masters M.D.</u>			22b. ADDRESS <u>Advance Mo</u>		22c. DATE SIGNED <u>1-9-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/11/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stratman Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bollinger Co., Missouri</u>
24. FUNERAL DIRECTOR <u>W-H Morgan</u>		ADDRESS <u>Advance Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Max Buford Crader</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Wm H. Morgan* .....

Licensed Embalmer No. *4640* .....  
P. O. Address *Advance, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.