

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000692

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 29

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 22 1963**

VS 300  
Rev. 4/59

8190  
29002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt Pleasant Township</b>		c. CITY OR TOWN <b>Grandview,</b>	
Length of stay in 1b <b>19 Days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Richards-Gebaur AFB, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>6110 East 150th St</b>	
3. NAME OF DECEASED (Type or print) First <b>Kenneth</b> Middle <b>Randolph</b> Last <b>Stratton</b>		4. DATE OF DEATH Month <b>January</b> Day <b>11</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>17 Sep 20</b>
10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) <b>U S Air Force</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U S Air Force Ret</b>	9. AGE (last birthday) <b>42</b>
11a. FATHER'S NAME <b>George C. Stratton</b>		11b. MOTHER'S MAIDEN NAME <b>Myrtle M. Powers</b>	9. AGE (last birthday) <b>42</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes 1948-1962</b>		16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
17. INFORMANT <b>Official Records 328th USAF Hosp Richards-Gebaur AFB, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of ascending colon, with widespread metastatic lesions involving bone, liver and lymph nodes.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 3/4 Years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <b>23 December 1962</b> to <b>11 January 1963</b> and last saw him alive on <b>11 January 1963</b>			
Death occurred <b>11:35 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
SIGNATURE <i>H. L. Cheatham</i> <b>H. L. CHEATHAM, CAPT, USAF, MC</b>		22b. ADDRESS <b>328th USAF Hospital Richards-Gebaur AFB, Missouri</b>	
22c. DATE SIGNED <b>11 Jan 63</b>		22c. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-13-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Beverly Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Philadelphia, Penn</b>
24. FUNERAL DIRECTOR ADDRESS <b>F.K. George &amp; Sons, Inc. Grandview, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-13-63</b>	26. REGISTRAR'S SIGNATURE <i>Ray J. Seber</i>

STATE OF MARYLAND

DEPARTMENT OF HEALTH

FORM 1

DATE OF DEATH: \_\_\_\_\_  
PLACE OF DEATH: \_\_\_\_\_  
CITY: \_\_\_\_\_

*No Permit. P. 55-59  
REC. 1-14-1964*

1964  
2487

DECEASED: \_\_\_\_\_  
AGE: \_\_\_\_\_  
SEX: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_  
CITY: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_  
MANNER OF DEATH: \_\_\_\_\_

IDENTIFICATION OF DECEASED: \_\_\_\_\_

IDENTIFICATION OF EMBALMER: \_\_\_\_\_

**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 Jimmy S. Hester  
Licensed Embalmer No. 4092

P. O. Address Baltimore, Md.

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.

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