

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26633

BIRTH NO. 48699-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 744 B

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 1 1/2 days	c. CITY (If outside corporate limits, write RURAL and give township) Springfield		0396
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			d. STREET ADDRESS (If rural, give location) 2527 North Main		
3. NAME OF DECEASED (Type or Print) a. (First) Cheryl b. (Middle) Ann c. (Last) Stratton			4. DATE OF DEATH (Month) (Day) (Year) August 20 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH August 18, 1950	9. AGE (In years last birthday) 1 1/2	IF UNDER 1 YEAR Months 1 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Raymond D. Stratton		13b. MOTHER'S MAIDEN NAME Evelyn Holt		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond D. Stratton, Springfield, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis				INTERVAL BETWEEN ONSET AND DEATH 40 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 76.20				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) Springfield Greene Mo.			
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? Born to Condition			
22. I hereby certify that I attended the deceased from 8-18, 1950 , to 8-20, 1950 , that I last saw the deceased alive on 8-20, 1950 , and that death occurred at 3:47P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Paul J. Busch M.D.			23b. ADDRESS 609 Cherry St.		23c. DATE SIGNED 8-22-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE August 22, 1950	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 9-1-50	REGISTRAR'S SIGNATURE W.E. Handley III	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeyer, Springfield, Mo.			B.F.W.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Lee Mason

Signed.....
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield

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.