

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16640

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2303

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette 5540	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Concordia	
c. LENGTH OF STAY (In this place) 3 1/2 wks.		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Stratton c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1952		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH May 25, 1944	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Stratton		13b. MOTHER'S MAIDEN NAME Alleen Gieseke		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aleen Meyer Concordia, Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor suspect. unspecified		INTERVAL BETWEEN ONSET AND DEATH 23 1/2 X
	ANTECEDENT CAUSES Abundant 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 Increased intracranial pressure Conditions contributing to the death but not related to the disease or condition causing death. secondary to trauma.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **April 24, 1952**, to **May 19, 1952**, that I last saw the deceased alive on **May 19, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert A. Hamel (Degree or title)		23b. ADDRESS Angie Bldg. Kansas City Mo		23c. DATE SIGNED 6/7/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 11		24b. DATE May 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cem.		24d. LOCATION (City, town, or county) (State) Concordia, Mo.	
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DATE REC'D BY LOCAL REG. 5-20-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Funeral Home Concordia, Mo.	
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(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

etc. It means the disease, injury, or complication which caused death.

the underlying cause was.

DUE TO (c) —

Fall

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

*new record by Russell W. Kerr
same signed by Russell W. Kerr 5-25-52*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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)

21d. TIME
OF
INJURY

(Month)

(Day)

(Year)

(Hour)

m.

21e. INJURY OCCURRED

WHILE AT
WORK

NOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr MD (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL
CREMATION
REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

5-20-52

Geraldine Holmes

James Funeral Home - Concordia Mo.

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 *Chas E Wilks*.....

Licensed Embalmer No. *2644*.....

P. O. Address: *Kansas City 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.