

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DECEASED **8 1952**
BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 19

370
3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville, Mo.</u> <u>0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville, Mo. Route</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>John Raymond Stradford</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>July 22, 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>April 6, 1908</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clay worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Canaan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Stradford</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Irene Duncan</u>
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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. <u>497-09-4764</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Mistler</u>	ADDRESS <u>Owensville, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death due to drowning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		E 9292	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>037</u>	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Canaan, Gasconade, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT _____ (WORK) _____ (WHILE AT WORK) _____ (WHILE AT WORK)	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 7-22, 1952, to 7-22, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:57 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or Title) <u>Paula Bennett, M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>7-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rosebud, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 1, 1952</u>	REGISTRAR'S SIGNATURE <u>Worthy Wallace</u> <u>363</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford H. Winter</u>	ADDRESS <u>Owensville</u>
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael N.H. Winter

Licensed Embalmer No. 3838

P. O. Address Or ENSUILE N

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.