

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10624

State File No. _____

No. 300
10.48

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5760 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TAYLOR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TAYLOR</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u> yrs		d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXX</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARLIN</u> b. (Middle) <u>HUBBARD</u> c. (Last) <u>STRATTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 6, 1866</u>	9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CANTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>GEORGE STRATTON</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA SHOUSE</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA STRATTON</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>XXXXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Stratton, Taylor, Mo.</u>	ADDRESS <u>Taylor, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
		ANTECEDENT CAUSES DUE TO (b) <u>general arteriosclerosis</u>			<u>several years</u>
		DUE TO (c) <u>Diabetes Mellitus</u>			<u>several years</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260 X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 March 5, 1953, to April 10, 1953, that I last saw the deceased alive on April 10, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Julius P. Schomburg, M.D.</u> (Degree or title)		23b. ADDRESS <u>1231 Mason St. Quincy,</u>		23c. DATE SIGNED <u>4-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/14/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAYWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>MAYWOOD, MO.</u>		
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DATE REC'D BY LOCAL REG. <u>4/14/53</u>	REGISTER'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles S. Arnold, Jr.</u>		ADDRESS <u>LEWISTOWN, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 24 1953
MARION CO. HEALTH DEPT.
IMAGE FILED APR 24 1953

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 Charles S. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.