

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044620

STATE FILE NUMBER

FILED JAN 8 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 1

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY OR TOWN <i>Joplin</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Joplin 0495</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Johns</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>516 Wall.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Aline</i> Middle <i>Stratton</i> Last <i>Stratton</i>		4. DATE OF DEATH <i>11-6-1958</i> Month <i>11</i> Day <i>6</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-6-1903</i>
9. AGE (In years last birthday) <i>55</i>		10. FUNDER 1 YEAR Months <i>0</i> Days <i>0</i>	11. F UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supervisor Cook</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Opport Bible College</i>	
11. BIRTHPLACE (City and state or country) <i>Springfield Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Harry Robertson</i>		13b. MOTHER'S MAIDEN NAME <i>Suella Cameron</i>	
14. NAME OF HUSBAND OR WIFE <i>Robert Robertson</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Robert Robertson</i> Address <i>Springfield Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			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 <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 <i>May 31 - 1958</i> to <i>11-6-58</i> and last saw her alive on <i>11-5-58</i> Death occurred at <i>2:50 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Mabelle A. Collins M.D.</i>		22b. ADDRESS <i>2117 Conway - Joplin Mo.</i>	
22c. DATE SIGNED <i>11-7-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>11-10-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Baxter Springs Co.</i>	23d. LOCATION (City, town, or county) (State) <i>Baxter Spgs. Mo.</i>
24. FUNERAL DIRECTOR <i>Hunter Jewel</i> ADDRESS <i>Hom Piche</i>		25. DATE REGD. BY LOCAL REG. <i>12/21/58</i>	
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 19 1959

JAN 8 1959

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.