URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 29 1959

'59 043540

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 32

ENDED

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer
Length of stay in 1b 13 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Own home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Caldwell
c. CITY OR TOWN Braymer
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Emma Middle R Last Stratton

4. DATE OF DEATH Month Dec. Day 11 Year 1959

5. SEX Fe
6. COLOR OR RACE wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-4-95
9. AGE (last birthday) 64 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Mason
13b. MOTHER'S MAIDEN NAME Mary J. Yater
14. NAME OF HUSBAND OR WIFE Floyd Stratton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Floyd Stratton, Address Braymer Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 36 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — many years
DUE TO (c) Generalized Arteriosclerosis — many years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 July 1947, to Dec. 11, 1959 and last saw her alive on Dec. 10, 1959
Death occurred at 2:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. E. Goldberg MD
22b. ADDRESS Braymer, Mo
22c. DATE SIGNED 12-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-13-59
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.
23d. LOCATION (City, town, or county) (State) Braymer, Mo

24. FUNERAL DIRECTOR ADDRESS Mead-Pitt Funeral Service, Braymer Mo
25. DATE RECD. BY LOCAL REG. 12-21-1959
26. REGISTRAR'S SIGNATURE Mrs Ruth Anne Zwiggart

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dunnard J. Mead

Signature of Student Embalmer

Licensed Embalmer No. 2801

P. O. Address Braymer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.