

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41036

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5123</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>		c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence, 0484</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1407 W/ 28th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) <u>Catherine</u>		c. (Last) <u>Strathmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 17, 1904</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (State or foreign country) <u>New Haven, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis W. Haase</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Scheer</u>		14. NAME OF HUSBAND OR WIFE <u>Walter C. Strathmann</u>		
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Flora Fries, Independence, Mo.</u>				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Perforated Intestinal Abscesses</u> DUE TO (c) <u>Bronchial Pneumonia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>						INTERVAL BETWEEN ONSET AND DEATH  <u>5705</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Perforated Intestinal Abscesses &amp; Peritonitis</u>						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 <u>Nov 21, 1950</u> , to <u>Dec 2, 1950</u> , that I last saw the deceased alive on <u>Dec 2, 1950</u> , and that death occurred at <u>4:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James A. Di Renna</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>929 Bryant Bldg.</u>		23c. DATE SIGNED <u>Dec 2, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/4/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-4-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Tom D. Markland*

Licensed Embalmer No. 4592

P. O. Address Indep 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.