

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12830
1568

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | c. LENGTH OF STAY (In this place) 59 YRS. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4229 Holly | | d. STREET ADDRESS (If rural, give location) 4229 Holly. | |

3708

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|--|-------------------------------|---|---------------------------------------|--|------------------------|--|-----------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | |
| a. (First) William | b. (Middle) V. | c. (Last) Straight | (Month) 4 | (Day) 7 | (Year) 51 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 17, 1883 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Cash & Carry Lumber Co. | | 11. BIRTHPLACE (State or foreign country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Edward Straight | | 13b. MOTHER'S MAIDEN NAME Lynnie Stevens | | 14. NAME OF HUSBAND OR WIFE Mrs. Bertha Straight | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 487-12-3769 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha Straight, 4229 Holly, K.C., MO. | |

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|--|--|--------------------------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | DUE TO (b) Coronary Sclerosis | | 2 hr. | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | ? | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 4201 | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 on 4/7, 1951, to _____, 19____, that I last saw the deceased alive on 4/7, 1951, and that death occurred at 8 A.m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE J.W. Young (Degree or title) | | 23b. ADDRESS 1401 S. W. Blvd K.C. Mo | | 23c. DATE SIGNED 4/7/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/12/51 | | 24c. NAME OF CEMETERY OR CREMATORY Elmwood | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO. | | DATE REC'D BY LOCAL REG. 4-10-51 | |

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

Dr. J. W. Young - 1401 So. W. Blvd.
1-5 p.m.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.