

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16832

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2004

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 33 yrs.		d. STREET ADDRESS (If rural, give location) 607 Huntington Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 607 Huntington Road		d. STREET ADDRESS (If rural, give location) 607 Huntington Road	

3. NAME OF DECEASED (Type or Print) a. (First) Wilbert b. (Middle) L. c. (Last) Strawn			4. DATE OF DEATH (Month) (Day) (Year) 5 8 51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Barton Co, Missouri	
13a. FATHER'S NAME William Strawn		13b. MOTHER'S MAIDEN NAME Belle Davison		14. NAME OF HUSBAND OR WIFE Ethel M. Strawn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 495-05-3540		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel M. Strawn, 607 Huntington Rd.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thromboses - Pseudo bulbar				INTERVAL BETWEEN ONSET AND DEATH 15 days 4 1/2	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. General & Cerebral Arteriosclerosis					
		DUE TO (b) Complicated by Urinary Retention - Foley Catheter 3 1/2 years					
		DUE TO (c) Emaciation					
		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 None		20. AUTOPSY? no	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) no		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 **11-29**, 19**51**, to **5-8**, 19**51**, that I last saw the deceased alive on **5-7**, 19**51**, and that death occurred at **1:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Myers MD (Degree or title)		23b. ADDRESS Kansas City 215 Grand Ave		23c. DATE SIGNED 5/9/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/10/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Pittsburg, Kansas	
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DATE REC'D BY LOCAL REG 5-9-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Rev. W.A. Meyers - V13925
Shu. heart Blvd. - Co. 2 d. 11. 11. 11.
9:30 - 5

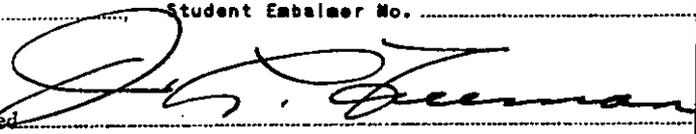
Emmiration

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 

Licensed Embalmer No. 2939

P. O. Address K. C. 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.