

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22469**  
Registrar's No. **83**

FILED AUG 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **5287**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b> <b>0240</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Fishing River</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Fishing River</b> <b>0</b>	
c. LENGTH OF STAY (in this place) <b>2 Yr. 8 M</b>		d. STREET ADDRESS (If rural, give location) <b>2 Mi South Excelsior Spgs,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 Miles, S. W. Excelsior Spgs</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ORA</b> b. (Middle) <b>AMOS</b> c. (Last) <b>STREIGHT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 1951</b>		
5. SEX <b>M</b> <b>0</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	
8. DATE OF BIRTH <b>April 17/1873</b>		9. AGE (In years last birthday) <b>78</b>		10. UNDER 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 10 YEARS <input type="checkbox"/> 15 YEARS <input type="checkbox"/> 20 YEARS <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <b>LeRoy, Illinois</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Amos Streight</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Kennedy</b>		14. NAME OF HUSBAND OR WIFE <b>XXXX</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Vernon Streight</b> ADDRESS <b>RR2 Ex. Spgs. MO.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>334X</b>	
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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? _____	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. S. Tate M.D. (Crown)</b>			23b. ADDRESS <b>North Kansas City, Mo.</b>		23c. DATE SIGNED <b>7/17/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 16/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rural Ex. Spgs. MO.</b>	
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DATE REC'D BY LOCAL REG. <b>7/16/51</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b> ADDRESS <b>EX. Sp. MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

**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.