

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33897**  
**4608**

FILED NOV 10 1951

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>35 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>7505 Baltimore</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7505 Baltimore</b>			

3. NAME OF DECEASED (Type or Print) <b>HARRY STRAF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 28, 1951</b>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb 7, 1886</b>		9. AGE (In years last birthday) <b>65 yrs</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. BIRTHPLACE (State or foreign country) <b>Odessa, Russia</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Straf Hardware</b>		11. BIRTHPLACE (State or foreign country) <b>6</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Celia</b>	
-----------------------------------	--	--	--	--	--

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>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sam Straf</b> ADDRESS <b>K. C. Mo.</b>	
--	--	--	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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 10/28, 1951, to 10/28, 1951, that I last saw the deceased alive on 10/28, 1951, and that death occurred at 1 PM, from the causes and on the date stated above.

23a. SIGNATURE <b>H. O. Tripp</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>1014 Anglin Bldg</b>		23c. DATE SIGNED <b>10/29/51</b>	
---	--	--------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 29, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>10-29-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis Funeral Home</b> ADDRESS <b>K. C. Mo.</b>	
--	--	--	--	---	--

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Gray Buffington  
Licensed Embalmer No. 2156

P. O. Address KC 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.