

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6328  
545

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2741 Gillham Road</u>				d. STREET ADDRESS (If rural, give location) <u>2741 Gillham Road</u> <span style="float: right;"><u>3438</u></span>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CELSUS</u>		b. (Middle) <u>C.</u>		c. (Last) <u>STRIBLING</u>	
4. DATE OF DEATH		5. SEX <u>M</u> <input type="radio"/> <u>O</u> <input type="radio"/>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF DEATH <u>January 26, 1953</u>		9. AGE (In years last birthday) <u>63</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		11. DATE OF BIRTH <u>July 16, 1889</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John L. Stribling</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Dooley</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Loretta Stribling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-34-5101</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Mavrine B. Johnson, 2741 Gillham Rd.</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					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>					
DUE TO (c) <u>Chronic emphysema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)	
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>Jan 23, 1953</u> , to <u>Jan 26, 1953</u> , that I last saw the deceased alive on <u>Jan 26, 1953</u> , and that death occurred at <u>6:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Anthony J. Long D.C.</u> (Degree or title)				23b. ADDRESS <u>1333 E 33 St</u>		23c. DATE SIGNED <u>Jan 27, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoutsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-27-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>STINE &amp; McCLURE, Kansas City, Missouri</u>			

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

Dr. A. J. King  
1222 E. 32nd  
1:30 PM

SEP 14 1958

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address 14 E 2nd

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.