

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18285

State File No. ....

FILED MAY 21 1953

2297

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

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (In this place) <b>60 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				e. STREET ADDRESS (If rural, give location) <b>5610 E. 10th</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Bessie</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Strong</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 30 - 1953</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>3 - 6 - 91</b>		9. AGE (In years last birthday) <b>62</b>		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) <b>WAITRESS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RESTAURANT</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WARRENBURG Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JEFFERSON HORN</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA FELKER</b>		14. NAME OF HUSBAND OR WIFE <b>EARL STRONG</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>F</b>		17. INFORMANT'S SIGNATURE OR NAME <i>Lee Hornbuckle</i>		ADDRESS <b>Kansas City Mo</b>	
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) <b>Cardiac Hypertrophy Dilatation; Congestive Heart Failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.				<b>4341</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) m.		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 <b>4 - 5</b> , 19 <b>53</b> , to <b>4 - 30</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4 - 30</b> , 19 <b>53</b> , and that death occurred at <b>4:25</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>B.I. Burns, M.D.</i> <b>B.I. Burns</b> (Degree or title)				23b. ADDRESS <b>General Hospital No. 1</b>		23c. DATE SIGNED <b>4-30-53</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <b>5-2-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WARRENBURG</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-2-53</b>		REGISTRAR'S SIGNATURE <i>Sheraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Neil W. ...</i> <b>Neil W. ...</b> ADDRESS <b>K. C. Mo</b>			

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 362

P. O. Address H. C. M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.