

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12185**
1409

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>N. Mex.</u> b. COUNTY <u>LEA</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Hobbs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>6 days</u>		e. STREET ADDRESS (If rural, give location) <u>STAR P.R.-13 8309</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>J</u> c. (Last) <u>STRYHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 29-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-17-1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nite Club operator</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>4 DENMARK (Copenhagen)</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>Alfred Stryhn Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA</u>		14. NAME OF HUSBAND OR WIFE <u>Claudia Stryhn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-22-6825</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLAUDIA STRYHN</u> ADDRESS <u>Hobbs N.M.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from esophageal varices</u>		II. OTHER SIGNIFICANT CONDITIONS		5810	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cirrhosis of liver & portal hypertension</u>			
		DUE TO (c) <u>Diabetes</u>			
Conditions contributing to the death but not related to the disease or condition causing death.					

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)		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 August 19 44 to Mar. 29 1955, that I last saw the deceased alive on Mar. 29, 1955, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Don A. Black</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>924 Professional Bldg.</u>		23c. DATE SIGNED <u>3/29/55</u>	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>MAR 30 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>Hobbs N. Mex</u>	
DATE REC'D BY LOCAL REG. <u>3-29-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.W. Newberry Sons</u>		ADDRESS <u>832 Avenue</u>	

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

Student.....
Signature of Student Embalmer

Signed *Glenn H. Hill*

Licensed Embalmer No. *458*

P. O. Address *K.C. 16.7*

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.