

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20742**

FILED JUL 5 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2520**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 18 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4214 Wayne		e. CITY OR TOWN Kansas City	
3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Strass c. (Last) Strass		4. DATE OF DEATH (Month) (Day) (Year) 6-11-56	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)?	8. DATE OF BIRTH 12-17-97
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Betty Rose Mfg. Co. Dress		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Aaron Strass	
13b. MOTHER'S MAIDEN NAME Caroline Rubel		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-14-0510	
17. INFORMANT'S SIGNATURE OR NAME Hannah Strass		ADDRESS Home	
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) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 June , 19 51 , to June 19 56 that I last saw the deceased alive on June 11, 1956 , and that death occurred at 6 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Jack W. Wolf (Degree or title) M.D.		23b. ADDRESS 409 E. 63 Kansas City, Mo.	
23c. DATE SIGNED 6/11/56		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-13-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home ADDRESS K.C. Mo.	
DATE REC'D BY LOCAL REG. 6-14-56		REGISTRAR'S SIGNATURE Neva Minshall	

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 *Guy Ruffington*

Licensed Embalmer No. 28

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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