

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20743**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2292**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		e. STREET ADDRESS (If rural, give location) 1613 Campbell	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) L. c. (Last) Strother	4. DATE OF DEATH (Month) (Day) (Year) 5 22 1956
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5. SEX 2 male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 1, 1893	9. AGE (In years last birthday) Months 62 yrs.	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator		10b. KIND OF BUSINESS OR INDUSTRY Sterling Baring Co. Richmond, Missouri		11. BIRTHPLACE (City and State or Foreign Country) USA	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Strother	13b. MOTHER'S MAIDEN NAME Sarah Gaves	14. NAME OF HUSBAND OR WIFE Fannie Strother
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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. 496-09-2019	17. INFORMANT'S SIGNATURE OR NAME Frank Strother	ADDRESS 3026 Wabash
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined		
	ANTECEDENT CAUSES DUE TO (b) Renal failure <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> coin lesions of chest DUE TO (c) Possible blood transfusion reaction.		
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 Pleural lipoma, Primary	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Jackson Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 5-22-56 2:05	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-10-56**, 19___, to **5-22-56**, 19___, that I last saw the deceased alive on **5-22-56**, 19___, and that death occurred at **2:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Peterson M.D.	23b. ADDRESS 600 E. 22nd St.	23c. DATE SIGNED 5-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/26/56	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Kans. City, Missouri
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DATE REC'D BY LOCAL REG. 5-24-56	REGISTRAR'S SIGNATURE Nevo Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 18th & Benton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

0.300
0.48

Mr. [unclear]
[unclear]
[unclear]

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 *Bruce R. Watkins*.....

Licensed Embalmer No. *4572*

P. O. Address *18th & [unclear]*

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.