

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5029
STATE FILE NUMBER
921
Registrar's No.

FILED MAR 13 1957

Registration District No. 149 Primary Registration District No. 1002

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Philip J. Baker

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in 1b) 4 yrs.	d. STREET ADDRESS 4121 Walnut		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Paul Middle A. Last Stricklen			4. DATE OF DEATH Month Day Year Feb. 24, 1957		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1893	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Real Estate		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Oliver S. Stricklen			14. MOTHER'S MAIDEN NAME Elizabeth Shipman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 442-07-5949	17. INFORMANT Address C. G. Stricklen, Sand Springs, Oklahoma		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Pulmonary edema - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart failure. DUE TO (c) Bronchogenic Carcinoma.					INTERVAL BETWEEN ONSET AND DEATH 2 hours 24 hours 5 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1952 to 2-26-57 and last saw her alive on 2-26-57. Death occurred at 11:50 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Philip J. Baker M.D. (Degree or title)			22b. ADDRESS 9109 E. New 40 Indep Mo		22c. DATE SIGNED 2-26-57
23a. BURIAL CREMATION (Specify) Burial		23b. DATE 2-27-1957	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-57		26. REGISTRAR'S SIGNATURE Vera Minshall	

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 C. Ray Lunderbach Student Embalmer No. 53 working under my personal supervision.

Student C. Ray Lunderbach
Signature of Student Embalmer

Signed Harold E. Madril

Licensed Embalmer No. 46

P. O. Address Indep.

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.