

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014485
STATE FILE NUMBER
1918

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
1-57

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 1227 W. 67TH STREET Length of stay in 1b 26 YEARS		d. STREET ADDRESS (If outside, give location) 1227 WEST 67TH TERRACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last ARCH ABER STRANE			4. DATE OF DEATH Month Day Year APRIL-11-1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 20, 1896
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICE-PRESIDENT	11. BIRTHPLACE (City and state or country) ZWINGLE, IOWA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICE-PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY MIDWEST PRECOTE CO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ROBERT STRANE		13b. MOTHER'S MAIDEN NAME MARY WALLACE	14. NAME OF DECEASED OR WIFE PAULINE ANN STRANE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 459-03-0222	17. INFORMANT Address PAULINE ANN STRANE 1227 WEST 67TH TERRACE KANSAS CITY MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism (massive) & Thrombus. R femoral vein at cutdown. DUE TO (b) Thrombus. R femoral vein at cutdown. DUE TO (c) necessary post-operatively for fluid & blood administration. Duodenal ulcer. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Partial gastrectomy - subphrenic abscess.			INTERVAL BETWEEN ONSET AND DEATH Sudden
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 a.m. p.m. Month, Day, Year	
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 Dec 1957 to 4-11-58 and last saw her/him alive on 4-10-58 ✓ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. R. Coffey MD (Degree or title)		22b. ADDRESS 1103 Grand	22c. DATE SIGNED 4-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE APR-14-1958	23c. NAME OF CEMETERY OR CREMATORY MT. MARIAN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 4-14-58	26. REGISTRAR'S SIGNATURE Neva Marshall

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
R. R. Coffey



2-1368

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 *David W. Harty*

Licensed Embalmer No. 1724
P. O. Address N.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.