

Health,
Welfare
Public
Service

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018546
STATE FILE NUMBER
2386

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

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3410 FOREST		Length of stay in 1b 19 YRS.	d. STREET ADDRESS (If outside, give location) 3410 FOREST
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last ISAORE STRASS			4. DATE OF DEATH Month Day Year MAY 10 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 5-20-1882	9. AGE (In years last birthday) 75
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) CATTLE DEALER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME AARON STRASS	13b. MOTHER'S MAIDEN NAME BARBARA PREIS	14. NAME OF HUSBAND OR WIFE NATALIE STRASS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or as unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. -	17. INFORMANT Address WALTER STRASS, 3303 E 52 ND ST, K.C. MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach with metastases		INTERVAL BETWEEN ONSET AND DEATH Diagnosis 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	151X
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic asthma with emphysema.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 <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 3/28 '58 to 4/24 '58 and last saw him alive on 4/24 '58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Walter C. Braden M.D.	22b. ADDRESS Memorial Medical Center	22c. DATE SIGNED May 10, 1958
23a. BURIAL, REMOVAL, CREMATION (Specify) BURIAL	23b. DATE 5-11-58	23c. NAME OF CEMETERY OR CREMATORY MT. CARMEL
23d. LOCATION (City, town, or county) KANSAS CITY, MO.		

24. FUNERAL DIRECTOR ADDRESS J.P. LOUIS FUNERAL HOME, K.C., Mo	25. DATE RECD. BY LOCAL REG. 5-10-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

Morton C. Credit - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Gary Buffington*
Licensed Embalmer No. *2756*
P. O. Address *H. C. No.*

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.