

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033019
STATE FILE NUMBER
4486

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4486

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		d. STREET ADDRESS (If outside, give location) 8114 MERCIER	
3. NAME OF DECEASED (Type or print) First Middle Last Will S. STRINE		4. DATE OF DEATH SEPT. 19, 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 DEC. 25, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DEALER		10b. KIND OF BUSINESS OR INDUSTRY ANTIQUE	11. BIRTHPLACE (City and state or country) UNKNOWN MO.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME ANNA ELLA HERR	14. NAME OF HUSBAND OR WIFE GRACE M. STRINE
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. 487-05-7831B	17. INFORMANT Address 8114 MERCIER MRS. GRACE M. STRINE KANSAS CITY, 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) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Arterio sclerosis			INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5 yrs 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 40	
20c. TIME OF INJURY Hour Month, Day, Year. 40		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.) 40		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sep 16/1958 to Sep 19, 1958. He died at 10:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D. Campbell		22b. ADDRESS 4000 Baltimore	
22c. DATE SIGNED 9/20/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 22, 1958	
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 9-22-58	
26. REGISTRAR'S SIGNATURE new minshall			

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.

Casebolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



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 *Vern Lauer*

Licensed Embalmer No. *4915*
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.