Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036641
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4875

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL — Length of stay in Hospital 43 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 3862-E-60TH TERR (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ELIZABETH Middle Last STRATEMEIER

4. DATE OF DEATH: Month OCT Day 13 Year 1958

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: JAN-10-1889

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE HOME MAKER

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (City and state or country): LITTLE RIVER, KS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: HENRY GRIEBEL

13b. MOTHER'S MAIDEN NAME: ELIZABETH KOCH

14. NAME OF HUSBAND OR ~~WIFE~~: WILLIAM HENRY STRATEMEIER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: WILLIAM HENRY STRATEMEIER Address: 3862 E. 60TH TERRACE KANSAS CITY MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pericarditis, acute, fibrinous — INTERVAL BETWEEN ONSET AND DEATH: 1 WK.
Probably Streptococcal septicemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) #Adrenal, insufficiency, chronic — 1 yr
DUE TO (c) — 53?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Thrombosis. for 8 mo.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION ~~Kansas City~~ COUNTY Jackson STATE Mo.

21. I attended the deceased from 1953 to Oct 13-58 and last saw her alive on Oct 13-1958
Death occurred at 8:20 AM ~~Oct 13 58~~ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quentin Cramer (Degree or title) MD — 22b. ADDRESS 1103 Grand (332) KC Mo — 22c. DATE SIGNED 10/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: Oct. 15, 1958 — 23c. NAME OF CEMETERY ~~OR CREMATORY~~: FOREST HILL CEMETERY — 23d. LOCATION (City, town, or county): KANSAS CITY (State): Mo

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KAN. CITY, MO — 25. DATE RECD. BY LOCAL REG.: 10-15-58 — 26. REGISTRAR'S SIGNATURE: neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Quentin Cramer

Art. 8336

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 ..... Signed Chester K Brown
Signature of Student Embalmer

Licensed Embalmer No. 4931

P. O. Address KC 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.