

Health, Welfare Public Service

STANDARD CERTIFICATE OF DEATH

59-001541 STATE FILE NUMBER 203

JAN 28 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300 -57

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas City c. FULL NAME OF DECEASED Charles I. Strong d. DATE OF DEATH Jan. 9, 1959 e. SEX Male f. COLOR OR RACE White g. MARRIED NEVER MARRIED h. DATE OF BIRTH Aug. 7, 1893 i. AGE 65 j. USUAL OCCUPATION Ret. Assembler k. KIND OF BUSINESS OR INDUSTRY KC Struct. Steel l. BIRTHPLACE Eudora, Kansas m. CITIZEN OF WHAT COUNTRY? USA n. CAUSE OF DEATH Acute myocardial infarction o. INTERVAL BETWEEN ONSET AND DEATH 5 minutes p. ACCIDENT SUICIDE HOMICIDE q. TIME OF INJURY r. INJURY OCCURRED WHILE AT WORK s. PLACE OF INJURY t. CITY, TOWN, OR LOCATION u. I attended the deceased from Jan 9, 1959 to Jan 9, 1959 v. SIGNATURE Hugh W McCaughey w. ADDRESS 5615 Johnson Drive Kansas x. DATE SIGNED Jan 12 1959 y. NAME OF CEMETERY OR CREMATORY National Military Cem. z. LOCATION Leavenworth, Kansas.

ALL diseases in Part I must be causally related. Hugh W. McCaughey USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons Signed H. Simmons
Signature of Student Embalmer

Licensed Embalmer No. 8903
P. O. Address KOK

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.