59-013565

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 1894

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Lukes Hosp. — Length of stay in 1b 3-25-1959

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Prairie Village, Ks. — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 2201 West 73rd St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First W. Middle DEAN Last STRINGER
4. DATE OF DEATH Month April Day 14 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 5, 1886
9. AGE (In years last birthday) 72 — 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) Retired Secretary
10b. KIND OF BUSINESS OR INDUSTRY Y.M.C.A.
11. BIRTHPLACE (City and state or country) Auburn, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph A. Stringer
13b. MOTHER'S MAIDEN NAME Acme C. Dean
14. NAME OF HUSBAND OR WIFE Anah C. Stringer
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. 495-05-7305
17. INFORMANT Anah C. Stringer Address 2201 W. 73rd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of the Pancreas with — 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) infiltration into the stomach & lymph glands.
DUE TO (c) Arteriosclerosis, Generalized — 10 yrs+.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X
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 COUNTY STATE

21. I attended the deceased from January 1957, to April 14, 1959 and last saw ~~him~~ him alive on April 14, 1959.
Death occurred at 8:30 Am, ~~K. City Mo~~ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arnold V. Arms (Degree or title) M.D.
22b. ADDRESS 4635 Wyandotte K. City Mo
22c. DATE SIGNED 4-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Apr. 16, 1959
23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 4-15-59
26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Arnold V. Arms

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Clayton A. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.