

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-005547

STATE FILE NUMBER

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 820

AMENDED

FILED VS MAR 3 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>509 W 86 Ter.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Andrew</u> Middle <u>Louis</u> Last <u>Strelluf</u>			4. DATE OF DEATH <u>Feb. 14, 1961</u> Month <u>Feb.</u> Day <u>14</u> Year <u>1961</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-23-99</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>61</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Gunn City, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Chris Strelluf</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Hansen</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Strelluf</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>Mrs. Mildred Strelluf, 509 W 86 Ter. K</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock from Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>2 or more years.</u>
DUE TO (c) <u>-</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u>5:55 PM</u> Month, Day, Year <u>2-14-61</u>	20d. INJURY OCCURRED WHILE AT WORK <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 <u>Kansas City, Mo</u>	COUNTY <u>Jackson</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>2-14-61</u> to <u>2-14-61</u> and last saw <sup>her</sup> him alive on <u>2-14-61</u> Death occurred at <u>5:55 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE <u>Esther Winkelman</u>	(Degree or title) <u>Funeral Home Director</u>	22b. ADDRESS <u>7449 Broadway K.C.Mo</u>	22c. DATE SIGNED <u>2-14-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-17-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holder Memorial Park</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>	(State)
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24. FUNERAL DIRECTOR <u>E. B. Cast Funeral Home, Holden, Mo.</u>	ADDRESS <u>Holden, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-15-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ  
23a, c & d. Removal Holder Cem. Holden, Mo. INSTEAD OF burial Memorial Park, Holden, Mo. K. C. Mo. 2-23-61

BY AFFIDAVIT OF Funeral Home  
Esther Winkelman

MEDICAL CERTIFICATION

DOCUMENT

MAR 3 1961

**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 *E. B. East*

Licensed Embalmer No. 4059

P. O. Address Holden, 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.