ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-037346
STATE FILE NUMBER

AMENDED

FILED OCT 31 1961

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY: Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in 1b: 8 Weeks	c. CITY OR TOWN: Lake Lotawana — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Independence Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): F- 25 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First / Middle / Last: George Strohm		4. DATE OF DEATH Month / Day / Year: Oct. 22 1961	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 4/14/1903
9. AGE (last birthday): 58	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Mgr.	10b. KIND OF BUSINESS OR INDUSTRY: Lake, Realestate	11. BIRTHPLACE (City and state or country): Henrietta Tex.	12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Edwin Strohm	13b. MOTHER'S MAIDEN NAME: Ida Mae Weber	14. NAME OF HUSBAND OR WIFE: Dorothy Strohm	
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.	17. INFORMANT Address: Mrs Dorothy Strohm Lake Lotawana 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): Reticulum Cell Sarcoma, Neck — INTERVAL BETWEEN ONSET AND DEATH: Mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): with generalized metastases

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Crush injury chest & traumatic amputation rt. leg

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient in auto which struck bridge

20c. TIME OF INJURY: 2:00 Hour a.m. p.m. Month, Day, Year: Aug 26 '61

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.): 40 Hiway

20f. CITY, TOWN, OR LOCATION: 40 Hiway E of 7 — COUNTY: Jackson — STATE: Mo.

21. I attended the deceased from Aug 26, 1961, to Oct 22, 61 and last saw him alive on Oct 21, 1961

Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Richard Green M.D.	22b. ADDRESS: 10901 Winner Rd, Indep.	22c. DATE SIGNED: 10-23-61	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/24/1961	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park	23d. LOCATION (City, town, or county) (State): Kansas City Mo.
24. FUNERAL DIRECTOR: Langsford Funeral Home — ADDRESS: Lee's Summit Mo.	25. DATE RECD. BY LOCAL REG.: 10-24-61	26. REGISTRAR'S SIGNATURE: Alba L. Craig	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT | MEDICAL CERTIFICATION

NOV 9 1967

NOV 17 1967

NOV 1 1967

MAR 16 1962

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 N. B. Langford

Licensed Embalmer No. 3823

P. O. Address Lee's Summit

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.