

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43804

State File No.

5566

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>20 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1824 East 67th St. Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1824 East 67th St. Terr.</u>			

3. NAME OF DECEASED a. (First) <u>Eva</u> b. (Middle) <u>Mathleen</u> c. (Last) <u>GROB Strickland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 16, 1875</u>		9. AGE (In years last birthday) <u>74 yrs</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Delaware, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GEORGE EDELBLUTE</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE OBERSTURE</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGIL CONWAY STRICKLAND</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. MAURINE GROB SPENCKO</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Geno-cardio-vascular</u>			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec. 24, 1949, to Dec. 30, 1949, that I last saw the deceased alive on Dec. 30, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. H. Jones M.D.</u> (Degree or title)		23b. ADDRESS <u>8024 Paseo K 6 mo.</u>		23c. DATE SIGNED <u>1/30/49</u>	
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24a. BURIAL CREMATION (REMOVED) (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 2-1950</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <u>APPLETON CITY Missouri</u>					

DATE REC'D BY LOCAL REG. <u>12-31-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D. W. NEWCOMER'S 5005 N. 225th St. W.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Albert L. Savage

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert L. Savage*
Student Embalmer *366*

Signed *John E. Fraking*

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.