

37715

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED NOV 29 1951

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>419</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence)			c. LENGTH OF STAY (In this place) 1wk	c. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence)			6485
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep, San & Hosp.				d. STREET ADDRESS (If rural, give location) 214 South Pleasant			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. RUSHA		b. (Middle) DAVIS		c. (Last) STROTHER		4. DATE OF DEATH (Month) (Day) (Year) Nov, 11, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 16, 1864		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bonham, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jesse Davis		13b. MOTHER'S MAIDEN NAME Lucinda Thomas		14. NAME OF HUSBAND OR WIFE John Strother Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Reynolds Indep. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis year DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amnesia post-suicide year Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Sept 1 , 1950, to November 10 1951 , that I last saw the deceased alive on November 10 1951 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. J. Johnson			23b. ADDRESS 1111 S. 23rd Independence Mo		23c. DATE SIGNED 11/11/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 13, 1951	24c. NAME OF CEMETERY OR CREMATORY Lees Summit		24d. LOCATION (City, town, or county) (State) Lees Summit Mo.			
DATE REC'D BY LOCAL REG. Nov. 12-1951	REGISTRAR'S SIGNATURE W. J. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Johnson		ADDRESS Indep, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

485
0

NOV 27 REC'D

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.