

STANDARD CERTIFICATE OF DEATH

37788

State File No.

No. 300
10.48
FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1163

#17
3

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | |
| c. LENGTH OF STAY (In this place) <u>7 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3307 No 11</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Route to Meth. Hospital</u> | | | |

| | | | | | |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>RODGER</u> | b. (Middle) <u>LOREN</u> | c. (Last) <u>STRONG</u> | <u>Nov. 4 1952</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>July 31 1938</u> | 9. AGE (In years last birthday) <u>14</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u> | 11. BIRTHPLACE (State or foreign country) <u>Garden City Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>Loran E. Strong</u> | 13b. MOTHER'S MAIDEN NAME <u>Ethel L. Rose</u> | 14. NAME OF HUSBAND OR WIFE <u>--</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Loran E. Strong</u> ADDRESS <u>St. Joseph Mo.</u> |

| | | | |
|---|---|--|---|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Dis-</u> | | |
| | DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS 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"/> |
| 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) |
| 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? _____ |

22. I hereby certify that I attended the deceased from 6-17, 1952, to 11-24, 1952, that I last saw the deceased alive on 6-23, 1952, and that death occurred at 7:35 P.m., from the causes and on the date stated above.

| | | |
|--|----------------------------------|--|
| 23a. SIGNATURE <u>Harold J. Brunner M.D.</u> (Degree or title) | 23b. ADDRESS <u>St Joseph Mo</u> | 23c. DATE SIGNED <u>11-6-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Nov. 7 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Savannah Missouri</u> |

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>Nov. 12, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C. Castle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stammy Funeral Home</u> ADDRESS <u>St. Joseph Mo.</u> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.