

FILED SEP 6 1955

STANDARD CERTIFICATE OF DEATH

25618

State File No.

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 3012 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Pottawatomie</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs, Mo.</u>		c. CITY OR TOWN <u>Wamego</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>26 days</u>		e. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) <u>Veterans Administration Hosp. Excelsior Springs, Mo.</u>			

3. NAME OF DECEASED a. (First) <u>THEODORE</u> b. (Middle) <u>H.</u> c. (Last) <u>STRAUB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23, 1897</u>	9. AGE (In years last birthday) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wamego, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Straub</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Voelker</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Mary Straub</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WWI</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records</u> ADDRESS <u>Excelsior Springs, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale, chronic, decompensated</u>		<u>18 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic fibroid tuberculosis, active</u> DUE TO (c) <u>002X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, generalized</u>		<u>Unknown</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 ^{VA} attended the deceased from 7-15, 1955, to 8-20, 1955, and that death occurred at 6:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. MANPELL, M.D., Actg. Pathologist</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>VA Hospital Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>8-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wamego</u>	24d. LOCATION (City, town, or county) (State) <u>Wamego, Kansas</u>
DATE REC'D BY LOCAL REG. <u>8/23/55</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Richard Funeral Home, Excelsior Springs, Mo.</u> ADDRESS	

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



SEP 5 1955

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 *Ralph E Van Landingham*

Licensed Embalmer No. *400*
Galio Springs, Mo
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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: