

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022220
State File No.

FILED JUL 8 1958
BIRTH NO.

REG. DIST. NO. 146

PRIMARY REG. DIST. NO. 4237

Registrar's No. 281

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 township) <u>Raytown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>9104 E. 66th Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9104 E. 66th Avenue</u>		d. STREET ADDRESS <u>9104 E. 66th Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eula</u> b. (Middle) <u>Lee</u> c. (Last) <u>STRODE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-1958</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-13-1873</u>
9. AGE (In years last birthday) <u>85</u>		10. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Boone Co., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jim Strode</u>		14. NAME OF HUSBAND OR WIFE <u>Austin Ambrose J. Strode</u>	
13b. MOTHER'S MAIDEN NAME <u>—</u>		14. NAME OF HUSBAND OR WIFE <u>Austin Ambrose J. Strode</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Kellum</u>		ADDRESS <u>4131 Flora St. E. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable carcinoma of G.B.</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200H</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) 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 <u>June</u> , 1957, to <u>July</u> , 1958, that I last saw the deceased alive on <u>6-20</u> , 1958, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. McEubank M.D.</u> (Degree of title)		23b. ADDRESS <u>Raytown, Mo.</u>	
23c. DATE SIGNED <u>7-2-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 3-1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-3-58</u>		REGISTRAR'S SIGNATURE <u>James C. Craig</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman & Son</u>		ADDRESS <u>Mo. K. P. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address K.C., 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.