

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025817  
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3524

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> <b>9550</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Walnut Nursing Home</b>		Length of stay in lb <b>15 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>3604 Prospect</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Roy Strotz, Sr.</b>			4. DATE OF DEATH Month Day Year <b>July 17, 1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 11, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co.</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>John N. Strotz</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Ann Becker</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred B. Strotz</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Charles Roy Strotz, Jr. 6519 Interlochen Minneapolis, Minn.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac (coronary thrombosis)</b> DUE TO (b) <b>arteriosclerosis and mitral stenosis</b> DUE TO (c) <b>semility</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>carcinoma prostate</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> <b>10 yrs.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>17.</b> COUNTY STATE	
21. I attended the deceased from <b>Jan. 1957</b> to <b>July 1958</b> and last saw her/him alive on <b>July 2, 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wallace H. Graham, M.D.</b>		22b. ADDRESS <b>518 Argyle Bldg.</b>	22c. DATE SIGNED <b>7-28-58</b>
23a. BURIAL, CREMATION, RENOVAL (Specify) <b>cremation</b>	23b. DATE <b>7-19-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>D. W. Newcomer's Sons</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons</b>		ADDRESS <b>1331 Brush Creek</b>	25. DATE RECD. BY LOCAL REG. <b>7-19-58</b>
26. REGISTRAR'S SIGNATURE <b>Ilva Marshall</b>			

Wallace H. Graham ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 *Marvin O. Preston* .....

Licensed Embalmer No. *5040* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.