

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029279  
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3915

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City, Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>15 W 74th St</i>		Length of stay in lb <i>8 years</i>	d. STREET ADDRESS (If outside, give location) <i>15 W 74th St</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Grant James Strong</i>			4. DATE OF DEATH Month Day Year <i>8-13-1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>6-23-1893</i>		9. AGE (In years last birthday) <i>65</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>odd jobs</i>	11. BIRTHPLACE (City and state or country) <i>Lake Benton Minn</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>

13a. FATHER'S NAME <i>Andrew Strong</i>		13b. MOTHER'S MAIDEN NAME <i>Marsha Westfall</i>		14. NAME OF HUSBAND OR WIFE <i>Helen Strong</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <i>Worled Wor 1</i>		16. SOCIAL SECURITY NO. <i>472-10-8613</i>		17. INFORMANT Address <i>Mrs Louis Peterson Story City Louis</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic Heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH  <i>2 1/2</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Renal 3rd arterial disease</i>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 WORK <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 COUNTY STATE	
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\*21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
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) <i>Geo C Kealhofer M.D. Public Health Officer</i>		22b. ADDRESS <i>6627 Park at 56th</i>	22c. DATE SIGNED <i>8-14-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8-15-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>		23d. LOCATION (City, town, or county) (State) <i>Lake Benton Minn.</i>
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24. FUNERAL DIRECTOR <i>France-Wornall Funeral Home Keom</i>		ADDRESS <i>Keom</i>	25. DATE RECD. BY LOCAL REG. <i>8-14-58</i>	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>	
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. **USE ONLY BLACK INK OR RIBBON THE THINNEST POSSIBLE** **STORY 7. CAPSULED BY OFFICIALS IF POSSIBLE** **8/20/58 PCH** **Geo. C. Kealhofer**

MEDICAL CERTIFICATION

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 *Russell N. France*

Licensed Embalmer No. *4255*  
P. O. Address *KC 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.