

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009170

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1217 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED MAR 29 1961**

1. PLACE OF DEATH  
 a. COUNTY **Jackson**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb. **40 yrs.**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **6143 Forest** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Jackson**  
 c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **6143 Forest** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **Jesse E. Strange** 4. DATE OF DEATH Month Day Year **March 6, 1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **2/11/1890** 9. AGE (last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance** 10b. KIND OF BUSINESS OR INDUSTRY **G. W. Elevator Co.** 11. BIRTHPLACE (City and state or country) **Odessa, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Jesse R. Strange** 13b. MOTHER'S MAIDEN NAME **Martha E. Summers** 14. NAME OF HUSBAND OR WIFE **Mattie Strange**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Mattie Strange 6143 Forest K.C., Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **CORONARY OCCLUSION, acute. Instantaneous**  
 DUE TO (b) **Hypertension + arterio-sclerotic Heart Disease** **unknown**  
 DUE TO (c) **Sclerotic Heart Disease**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **February 3, 1961** to **March 6, 1961** and last saw him alive on **February 20, 1961**  
 Death occurred at **March 6, 1961** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Sam D. Hoepfer** 22b. ADDRESS **6232 Troost Avenue Kansas City, Missouri** 22c. DATE SIGNED **MAR 6, 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3/8/61** 23c. NAME OF CEMETERY OR CREMATORY **Concord Cemetery** 23d. LOCATION (City, town, or county) (State) **Bates City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Earp & Sons 4707 Truman Rd. K. C., Mo.** 25. DATE RECD. BY LOCAL REG. **3-7-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

**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 William H. Cays

Licensed Embalmer No. 4728

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

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