ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

61-037345
STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 541

FILED NOV 14 1961

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in 1b: r40 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Independence Sanitarium — Inside Limits: Yes ☐ No ☐ x

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Michigan — b. COUNTY:
c. CITY OR TOWN: Ponitac — Inside Limits: Yes ☐ No ☐ x
d. STREET ADDRESS (If outside, give location): 100 Adealie Co8rt — Reside on Farm: Yes ☐ No ☐ x

3. NAME OF DECEASED (Type or print): First BEATRICE — Middle RAE — Last STRELING
4. DATE OF DEATH: Month November — Day 4 — Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-4-1899
9. AGE (last birthday): 62
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Canada
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Byers
13b. MOTHER'S MAIDEN NAME: Hannah M. Embree
14. NAME OF HUSBAND OR WIFE: Alfred L. Streling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Bileen Streling — Address: Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Inoperable anaplastic carcinoma metastatic to peritoneum — INTERVAL BETWEEN ONSET AND DEATH: 20 wo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Primary site unknown
DUE TO (c):
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 9/30/61, to 11/4/61 and last saw her alive on 11/3/61
Death occurred at 10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vance E. Lick, M.D.
22b. ADDRESS: 1090 Cumner Rd Independence, Mo
22c. DATE SIGNED: 11/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-6-1961
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery
23d. LOCATION (City, town, or county) (State): Independence, Missouri

24. FUNERAL DIRECTOR: Roland R. Speaks — ADDRESS: Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 11-5-61
26. REGISTRAR'S SIGNATURE: Alla L. Craig

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

MAR 27 1962

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Independence, Missouri

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.