

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33829

State File No.

0480
20

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Jackson Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEES Summit 0481</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Emergency Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>307. E 1ST.</u>	

3. NAME OF DECEASED a. (First) <u>MAGDELENA</u> b. (Middle) _____ c. (Last) <u>ETUE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 29 1950</u>		
5. SEX <u>F</u>	6. COLOR OF RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 7</u>	8. DATE OF BIRTH <u>June 12, 1873</u>	9. AGE (In years last birthday) <u>78</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	

13a. FATHER'S NAME <u>NICK SCHEER</u>		13b. MOTHER'S MAIDEN NAME <u>GERMAINE CHARLES ETUE</u>		14. NAME OF HUSBAND OR WIFE <u>LEE SCHEER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CATHERINE MILLER</u> ADDRESS <u>LEE Summit</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28 Sept 50.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2900</u>

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald E. Earnshaw M.D.</u> (Degree or title)		23b. ADDRESS <u>Indep. Mo</u>		23c. DATE SIGNED <u>29 Sept 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/2/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>OCT. 2, 1950</u>		REGISTRAR'S SIGNATURE <u>Ronald E. Earnshaw</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Campbell</u> ADDRESS <u>Lee's Summit Mo.</u>	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W B Langford

Signed.....
Student Embalmer

Licensed Embalmer No.....

5833

P. O. Address.....

1111 Summit St

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.