

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1621

FILED FEB 6 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3 Rural, Blue. 1</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>628 Lake Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Schley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan. 15, 1884</u>		9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleaning Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Siam, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning Co.</u>	

13a. FATHER'S NAME <u>Henry Schley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kreihbuhl</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia M. Schley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495 01 4106</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Georgia Schley, Kansas City 3, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio sclerosis</u> DUE TO (c) <u>Pericard embolism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</u> <u>1 year</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3.52X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 24, 1952 to Jan 24, 1952 that I last saw the deceased alive on Jan 24, 1952, and that death occurred at 2:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Sink, M.D.</u> (Degree or title)		23b. ADDRESS <u>10229 Independence Kansas City, Mo.</u>		23c. DATE SIGNED <u>1/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan. 26-1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Independence, Mo.</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>			

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

4850

FEB 4 REC'D

RECORDED

SR

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 _____
Student Embalmer

Signed Harold E. Goodrel

Licensed Embalmer No. 4609

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.