

STANDARD CERTIFICATE OF DEATH

5387

State File No.

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 62

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDANCE c. LENGTH OF STAY (in this place) 34 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDANCE SANI

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MO b. COUNTY JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 1480

d. STREET ADDRESS (If rural, give location) 201 ABER

3. NAME OF DECEASED

a. (First) Nellie b. (Middle) - c. (Last) SCHOONOVER

4. DATE OF DEATH (Month) (Day) (Year) Feb 6 52

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 3/17/1866 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.

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 (State or foreign country) MO 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME ELI STOKES 13b. MOTHER'S MAIDEN NAME NO RECORD 14. NAME OF HUSBAND OR WIFE Colombus Dec.

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. NO 17. INFORMANT'S SIGNATURE OR NAME Mr Cecil Schoonover ADDRESS K.C. Mo

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) intestinal obstruction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) thrombosed obturator foramen

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Senile - Hypertensive heart disease + terminal hypostatic congestion

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION strangulated obturator foramen small section necrotic gut - resected 2-3-52 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 5614

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Feb 6, 1952, that I last saw the deceased alive on Feb 6, 1952, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Blahut M.D. 23b. ADDRESS 1210 Ash, Independence Mo 23c. DATE SIGNED 2-7-52

24a. BURIAL OR CREMATION REMOVAL (Specify) Buried 24b. DATE 2/9/52 24c. NAME OF CEMETERY OR CREMATORY New Liberty 24d. LOCATION (City, town, or county) (State) MOUND CITY MO

DATE REC'D BY LOCAL REG. 2-8-52 REGISTRAR'S SIGNATURE [Signature] 354-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHIBL FUNERAL HOME C Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 REC'D

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

J. P. Sheil

Signed.....
Student Embalmer

Licensed Embalmer No. 3625

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