

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13115**
1506

FILED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. CITY <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>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>10 Years</u> | | d. STREET ADDRESS (If rural, give location) <u>1000 Spruce</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Kelley Nursing Home 1123 Independence Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>-</u> c. (Last) <u>Schultz</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-1952</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>11-9-1894</u> |
| 9. AGE (In years last birthday) <u>57</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Carter</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Randy Schultz</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith Pauline Conway-1000 Spruce</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of spine (m.m.r.)</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>8-10 mos</u> |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | 1967 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) (Minute) | | 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 <u>Mar 1, 1952</u> to <u>3/27, 1952</u> , that I last saw the deceased alive on <u>3/27, 1952</u> , and that death occurred at <u>8/50 AM</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>L. E. Riller MD</u> | | 23b. ADDRESS <u>530 Prof. Bldg. K.C. Mo</u> | 23c. DATE SIGNED <u>4-1-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-3-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Butler</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-3-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Butler</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C.L. Forster, Kansas City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-1-52</u> | | REGISTRAR'S SIGNATURE <u>Maldine Holmes</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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.