

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38910**  
**4789**

FILED NOV 22 1952

|   |                                  |   |   |   |  |   |   |
|---|----------------------------------|---|---|---|--|---|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR <u>Kansas City</u>   |                                  | c. LENGTH OF STAY (In this place)<br><u>5 Yrs.</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR <u>Kansas City</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>4825 Charlotte</u>                |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Lindeman Nursing Home</u>   |                                  |   |   |   |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Sarah</u>   |                                  |   | b. (Middle) <u>E.</u>                                 |   | c. (Last) <u>Schell</u>  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Nov. 1, 1952</u> |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>  |   | 8. DATE OF BIRTH<br><u>Sept. 27, 1871</u>   | 9. AGE (In years last birthday)<br><u>81 yrs</u>                                     | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Mins. _____   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Winfield, Tenn.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |   |
| 13a. FATHER'S NAME<br><u>Demis Taylor</u>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Phenolepe Eldwick</u> |   | 14. NAME OF HUSBAND OR WIFE<br><u>Charles E. Schell</u>                              |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Carrie Glenn 4825 Charlotte K.C., Mo.</u>   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                             |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized Arteriosclerosis</u><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4200</u>             |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) (Min.)  |                                  | 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>Jan 1, 1948</u> , to <u>Nov 1, 1952</u> , that I last saw the deceased alive on <u>Oct 31, 1952</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above. |                                  |   |   |   |  |   |   |
| 23a. SIGNATURE <u>Richard L. Lehner</u> (Degree or title)   |                                  |   |   | 23b. ADDRESS<br><u>1102 Grand Kansas City, Mo.</u>  |  | 23c. DATE SIGNED<br><u>11/1/52</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removals</u>  |                                  | 24b. DATE<br><u>11/1/52</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Lawrence, Kansas</u>            |   |
| DATE REC'D BY LOCAL REG.<br><u>11-1-52</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Geraldine Smith</u>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Funk Funeral Home Lawrence, Kans.</u> |   |   |

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

4

2718  
3710

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

*James W. Fair*

Licensed Embalmer No. *4622*

P. O. Address *H. 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.