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

FILED MAY 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14484

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2021

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Little Sisters of Poor 1048 Highland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4219 Flora Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) J c. (Last) Schepers

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2

8. DATE OF BIRTH: April 27, 1862

9. AGE (In years last birthday): 90 years | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Antwerp, Belgium 4

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: No record

13b. MOTHER'S MAIDEN NAME: No record

14. NAME OF HUSBAND OR WIFE: Theresa Schepers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: C.A.Schepers **ADDRESS**: 4219 Flora Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

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

DUE TO (b) Arteriosclerosis — 20 yrs

DUE TO (c) — 10

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Blindness — 45

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/19 1950 *to* 4/14, 1953, *that I last saw the deceased alive on* 4/13, 1953 *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph A. Fogarty (Degree or title) DO — **23b. ADDRESS** 402 Northwestern Bldg KC Mo — **23c. DATE SIGNED** 4/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal (auto) — **24b. DATE**: 4-17-53 — **24c. NAME OF CEMETERY OR CREMATORY**: St. Joseph's Cem. — **24d. LOCATION** (City, town, or county) (State): Shawnee, Kas.

DATE REC'D BY LOCAL REG.: 4-15-53 — **REGISTRAR'S SIGNATURE**: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE Thos. E. Quirk **ADDRESS** 4316 Troost Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Su

Licensed Embalmer No. 3775

P. O. Address K C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.