

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH34128
State File No. 4615

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4615</u>			
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) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>53 Yrs.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6229 E 14th ST</u>				STREET ADDRESS (If rural, give location) <u>6229 E 14th ST. 3218</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susanna</u>			b. (Middle)		c. (Last) <u>Schad</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 29 1954</u>		
5. SEX <u>1</u> <u>Fem</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 1</u>	8. DATE OF BIRTH <u>OCT 2, 1870</u>		9. AGE (In years last birthday) <u>83</u>		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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wilks Berrie PA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel Swartwood</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Catherine Foaux</u>		14. NAME OF HUSBAND OR WIFE <u>Charles F. Schad (Dec)</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 <u>DR. VERNON Schad</u>		ADDRESS <u>K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bronchopneumonia</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of vulva's metastases to groin</u>				<u>1 week</u>	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)				<u>176x</u>	
19a. DATE OF OPERATION <u>9/24/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of vulva</u>				20. AUTOPSY? 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)		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>2-4, 1953</u> , to <u>9-29, 1954</u> , that I last saw the deceased alive on <u>9-29, 1954</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard W. Gunn</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>6230 Truman Rd KC. 26, Mo.</u>		23c. DATE SIGNED <u>10-1-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>OCT 3 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Solomon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Solomon KANSAS</u>				
DATE REC'D BY LOCAL REG <u>10-2-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Scheil</u>		ADDRESS <u>K.C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Thomas A. Sheel*.....

Licensed Embalmer No. *49*.....

P. O. Address *K.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.