

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15605

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2132

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Kansas City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 1019 Calvin	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) W. c. (Last) Schmidt		4. DATE OF DEATH (Month) (Day) (Year) May 14 55	
5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1890
9. AGE (In years) 65 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS.: Hour _____ Min. _____		10. KIND OF BUSINESS OR INDUSTRY ARMOUR PACKING Co	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wooden box maker		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas	
13a. FATHER'S NAME Phillip Schmidt		13b. MOTHER'S MAIDEN NAME Minnie Maus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 573-05-0611	
17. INFORMANT'S SIGNATURE OR NAME Official Records VA Hospital, K.C., Mo.		ADDRESS K.C., Mo.	

13a. FATHER'S NAME Phillip Schmidt		13b. MOTHER'S MAIDEN NAME Minnie Maus		14. NAME OF HUSBAND OR WIFE Bessie Schmidt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 573-05-0611		17. INFORMANT'S SIGNATURE OR NAME Official Records VA Hospital, K.C., Mo.	
17. INFORMANT'S SIGNATURE OR NAME Official Records VA Hospital, K.C., Mo.		ADDRESS K.C., Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 24 hrs recent	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 24 hrs recent	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction remote		DUE TO (c) Atherosclerosis of coronary vessels		2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. right and left				5 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 May 14, 1955, to May 14, 1955, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE D. Keybright, M.D.		(Degree or title)		23b. ADDRESS VAH, K.C., Mo.		23c. DATE SIGNED 5-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MAY 17 1955		24c. NAME OF CEMETERY OR CREMATORY Highland Park		24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS	
DATE REC'D BY LOCAL REG. 5-16-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer		ADDRESS 1331 BRADY STREET KANSAS CITY, MO.	

(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 *Edward M. Stone*.....

Licensed Embalmer No. *44*.....

P. O. Address *K.C. 10*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.