

FILED JUN 10 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 15697

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>INDEPENDENCE</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1400 NORTH RIVER INDEPENDENCE NURSING HOME</b>				STREET ADDRESS (If rural, give location) <b>3806 WABASH AVENUE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>SYLVIA</b>			b. (Middle) <b>I.</b>		c. (Last) <b>SCHENCK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE-2-1955</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY-12-1881</b>		9. AGE (In years last birthday) <b>74</b> 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) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM RICHARDSON</b>			13b. MOTHER'S MAIDEN NAME <b>CLARA LUCAS</b>			14. NAME OF HUSBAND OR WIFE <b>ARTHUR M. SCHENCK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CLAUDE L. SCHENCK</b> ADDRESS <b>LAKE TAPAWINGO BLUE SPRINGS MO</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma stomach &amp; Esophagus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach &amp; Esophagus</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>1/18/55</b>		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 <b>11/19</b> , 19 <b>54</b> , to <b>6/2</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5/26</b> , 19 <b>55</b> , and that death occurred at <b>7:00 AM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Hollis L. Thomas MD</b> (Degree or title)					23b. ADDRESS <b>307 Argyle Bldg. KC Mo</b>		23c. DATE SIGNED <b>6/3/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE-4-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG <b>6-4-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Neocomas Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>				

(Licensed Embalmer's Statement of Reverse Side)

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

1914

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 *Albert F. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kaman*

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