No. 300
10.48

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

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33511

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4634

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): 13 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 WEST 68th TERRACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 7 WEST 68th TERRACE

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle):
c. (Last): Schanbacher

4. DATE OF DEATH (Month) (Day) (Year): Oct 27, 1955

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: April 3, 1891
9. AGE (In years last birthday): 64 YRS
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (City and State or Foreign Country): DRESDEN, NEW YORK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LAWRENCE A. BURTON
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR ~~WIFE~~: ASPELL ROBERT H. SCHANBACHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI NURSE CORP.
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MR Robert H. Schanbacher
ADDRESS: R.F.D. 7 West 68th Terrace

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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

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

DUE TO (b) Carcinoma of the Transverse Colon — 5 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: July 26/55
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of transverse Colon + Liver Metastases
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* July 22, 1955, *to* October 27, 1955, *that I last saw the deceased alive on* Oct 26, 1955, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Arnold V. Arms (Degree or title) MD
23b. ADDRESS: 4635 Wyandotte K City Mo
23c. DATE SIGNED: 10/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Oct. 29 1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 10-28-55
REGISTRAR'S SIGNATURE: Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE: D.W. NEWCOMER'S SONS
ADDRESS: 1331 Brush Creek Blvd. Kansas City, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 48

P. O. Address R. C., N

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.