

FILED FEB 17 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5099**
584
Registrar's No. **584**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo		c. CITY OR TOWN Kansas City	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 St. Luke's Hospital		* STREET ADDRESS (If rural, give location) R3 6220 Mc Lee 383 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) I	c. (Last) Schwartz	4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, DIVORCED (Specify) (WIDOWED)	8. DATE OF BIRTH Oct 23, 1880
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR: Months _____ Days _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caterman	10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	11. BIRTHPLACE (City and State or Foreign Country) Tipton, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Schwartz	13b. MOTHER'S MAIDEN NAME Barbara Ott	14. NAME OF HUSBAND OR WIFE Regina M. Schwartz	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or date of service) 487-10-7382A	17. INFORMANT'S SIGNATURE AND ADDRESS John W. Schwartz, 1218 W. 67th.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis		
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)
22. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **Jan 3, 1956**, to **Feb 6, 1956**, that I last saw the deceased alive on **Feb 6, 1956**, and that death occurred at **9:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert K. Skillman (Degree or title) M.D.	23b. ADDRESS 4635 Wyandotte, Kt., Mo.	23c. DATE SIGNED Feb 7 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-9-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.
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DATE REC'D BY LOCAL REG. 2-7-56	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McElroy-McKilley-Byler, 1800 E. Linwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

copy by abh
4-18-56

Boston
Date of Burial

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 *Melvin Barton*.....

Licensed Embalmer No. *490*.....

P. O. Address *K.C. M*.....

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.