

FILED MAY 29 1957

STANDARD CERTIFICATE OF DEATH

17124

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 2158

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Charles A. Schwab

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Prairie Village Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hoppital Length of stay in 1b 1 Day		d. STREET ADDRESS 5508 West 71st. (If outside, give location) 4150 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elsie Middle May Last Hodges			4. DATE OF DEATH Month May Day 6 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21, 1918
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor U.S. Bureau Internal Revenue		10b. KIND OF BUSINESS OR INDUSTRY U.S. Bureau Internal Revenue	11. BIRTHPLACE (City and state or country) Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Civer	
14. MOTHER'S MAIDEN NAME Vera Bennett		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 491-20-6813		17. INFORMANT Mrs. Ethel Santmyers Parkwood Rd. Address 9525 Hickman Mills, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY (a) Cerebral Hemorrhage IMMEDIATE CAUSE (a) (b) hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (c) rheumatic fever inactive DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 2 hours one day 400X
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour 8:45 Month 5 Day 8 Year 1942 a. m. P. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Overland Park, Kans. COUNTY Kans. STATE Kans.		21. I attended the deceased from 1942 to 5-6-57 and last saw her alive on 5-6-57 Death occurred at 8:45 P. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Dr. Charles A. Schwab D.O.		22b. ADDRESS Overland Park, Kans.	
22c. DATE SIGNED 5-8-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-8-57		23c. NAME OF CEMETERY OR CREMATORY Maple Hill	
23d. LOCATION (City, town, or county) Kansas City Kansas (State)		24. FUNERAL DIRECTOR G. Royce Hoge ADDRESS Overland Park, Kans.	
25. DATE RECD. BY LOCAL REG. 5-8-57		26. REGISTRAR'S SIGNATURE vera minshall	

(Licensed Embalmer's Statement on Reverse Side)

MI - 2-35-35

MI

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 *J. R. Rayle Hoyle*.....

Licensed Embalmer No. *3579*

P. O. Address *Cleveland Pa*

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.