

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1426

STATE FILE NUMBER

45

FILED JAN 27 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar No.

Health, Welfare and Public Service

300
-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A. St Lukes H.		Length of stay in lb 46 Year	d. STREET ADDRESS (If outside, give location) 7446 Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Lee Last Schreiber			4. DATE OF DEATH Month Jan. Day 3, Year 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1911 June 22, 1911	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 MRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME P. F. Wagner	13b. MOTHER'S MAIDEN NAME Agnes R. Kane	14. NAME OF HUSBAND OR WIFE John H. Schreiber
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 494-16-0929	17. INFORMANT John H. Schreiber	Address 7446 Paseo K. C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Congenital Aneurysm Anterior left Cerebral artery		INTERVAL BETWEEN ONSET AND DEATH few hours only
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ?	3304
	DUE TO (c) ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) _____
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____
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21. I attended the deceased from 1-26-57 to 1-5-58 and last saw her alive on 12/28/57 Death occurred _____ Date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin L. Eyllar M.D.	22b. ADDRESS 411 Nichols Rd	22c. DATE SIGNED 1-4-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/6/58	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cem.	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
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24. FUNERAL DIRECTOR Mellody McGilley Eylar Kan. City, Mo.	ADDRESS Linwood	25. DATE RECD. BY LOCAL REG. 1-4-58	26. REGISTRAR'S SIGNATURE neva minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Marvin L. Eyllar, M.D. All diseases in Part I must be causally related.

Marion
Dr. Bails
411 Nichols Rd.
VA-1-1330

Sat.
10 AM to 4 PM
(22)

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 James W. Wain

Licensed Embalmer No. 4650
P. O. Address NE, Mo

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.