

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018477

STATE FILE NUMBER

2491

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2491

FILED JUN 5 1958

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		d. STREET ADDRESS (If outside, give location) 6716 Rockhill Rd.	
3. NAME OF DECEASED (Type or print) First ANNA Middle K. Last SCHECHER		4. DATE OF DEATH Month May Day 15 Year 1958	
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 June 7, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Everest, Kansas
13a. FATHER'S NAME Andrew Paul		13b. MOTHER'S MAIDEN NAME Antonia Kashka	14. NAME OF HUSBAND OR WIFE Frank Schecher
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. None	17. INFORMANT Address Mr. Ray A. Schecher, 6716 Rockhill Rd
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, following fracture of left hip			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			EQ 037 44
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mitral stenosis; paralysis agitans; decompensating heart.			
20a. ACCIDENT <input checked="" 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.) fell on floor.	
20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year 5-5-58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home	
21. I attended the deceased from Sept. 8, 1954 to May 15, 1958 and last saw her <input checked="" type="checkbox"/> alive on May 5, 1958		20f. CITY, TOWN, OR LOCATION 1 2 3 COUNTY Jackson STATE mo	
22a. SIGNATURE (Degree or title) James W. Graham		22b. ADDRESS M. D. 518 Argvæ Bldg.	
22c. DATE SIGNED 5/16/58			
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial		23b. DATE 5-19-58	
23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 5-16-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James W. Graham

Dr. J. W. ...
Angela B. ...
12.11.

Ha 1. 5676

6855-122-22
5534

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 *John H. Ruyor*

Licensed Embalmer No. *2989*

P. O. Address *50 ...*

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.