Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029253
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3881

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hosp. — Length of stay in Ib: 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6628 E. 13th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: C. Last: SCHNEIKART

4. DATE OF DEATH: Month August Day 11 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 18, 1893
9. AGE (In years last birthday): 65 — 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): Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Black Sivalls-Bryson
11. BIRTHPLACE (City and state or country): Wyandotte Co., Ks.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Schneikart
13b. MOTHER'S MAIDEN NAME: Elizabeth (Unknown)
14. NAME OF HUSBAND OR WIFE: Marie E. Schneikart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): WWI (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.: 486-09-8336
17. INFORMANT: Marie Schneikart, 6628 E. 13th St. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intestinal Volvulus — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 5793
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 [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/10/58 to 8-11-58 and last saw her/him alive on 8/11/58
Death occurred at 7:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur B. Rhoades M.D.
22b. ADDRESS: 630 Professional Bldg. KC Mo
22c. DATE SIGNED: 8/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial & Removal
23b. DATE: 8-12-58
23c. NAME OF CEMETERY OR CREMATORY: Ft. Leavenworth Cemetery
23d. LOCATION (City, town, or county) (State): Ft. Leavenworth, Ks.

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home
ADDRESS: Woodland-Linwood
25. DATE RECD. BY LOCAL REG.: 8-12-58
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Arthur B. Rhoades

Dr. A. B. Cho
Prof Bldg
Ba 1-9535
2-5 PM

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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 Barbeau

Licensed Embalmer No. 4903

P. O. Address K C 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.