

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044381

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6190

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BETHEL 9158 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL		Length of stay in lb 4 Hrs	d. STREET ADDRESS (If outside, give location) 618 So. 94th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last PAUL WILLIAM SCHMELZLE	4. DATE OF DEATH Month Day Year Dec 25, 1958
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5. SEX male	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 Aug 21, 1913	9. AGE (In years last birthday) 45	IF FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	10b. KIND OF BUSINESS OR INDUSTRY auto	11. BIRTHPLACE (City and state or country) Westmoreland, Pa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Schmelzle	13b. MOTHER'S MAIDEN NAME Kathryn Hohn	14. NAME OF HUSBAND OR WIFE Elizabeth Schmelzle
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If appropriate, give year or dates of service) yes in army	16. SOCIAL SECURITY NO. 509-18-8127	17. INFORMANT Mrs Eliz. Schmelzle 618 S. 94th Bethel, Ks	Address
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18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bronchus		INTERVAL BETWEEN ONSET AND DEATH July 5, 1958
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) _____ 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. _____	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 COUNTY STATE _____
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21. I attended the deceased from July 8 1957 to 12/25/58 and last saw him alive on 12/25/58 Death occurred at 4am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. G. Leitch MD	22b. ADDRESS 1010 Prof Bldg KC Mo	22c. DATE SIGNED 12/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12/26/58	23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	23d. LOCATION (City, town, or county) (State) K.C.Ks
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24. FUNERAL DIRECTOR JOS. A. BUTLER'S SONS K.C.K	25. DATE RECD. BY LOCAL REG. 12-29-58	26. REGISTRAR'S SIGNATURE neva Minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

C. G. Leitch

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 *Russell W. Dennis*

Licensed Embalmer No. *3462 (7)*

P. O. Address *K C Kansas*

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.