

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005871
State File No.

FILED MAR 11 1959

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 969

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
F. H. Hodgson

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo. Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (If this place) <u>11 days</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>4400 S. Nichols Ave.</u>	
3. NAME OF DECEASED a. (First) <u>Schreiber</u> b. (Middle) <u>Gold</u> c. (Last) <u>MARIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 1959</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-24-11</u>
9. AGE (In years last birthday) <u>47</u>	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) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HAMLIN, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>CHARLES H. DILLING</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE WALLER</u>	
14. NAME OF HUSBAND <u>ALFRED C. SCHREIBER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-10-9211</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ALFRED C. SCHREIBER</u>		ADDRESS <u>3736 WARWICK KANSAS CITY, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Peritonitis - Post operativ.</u> DUE TO (c) <u>Cholecystectomy - Cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>2-17</u> , 1959, to <u>2-18</u> , 1959, that I last saw the deceased alive on <u>2-18</u> , 1959, and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. H. Hodgson MD</u> (Degree or title)		23b. ADDRESS <u>4301 Main</u>	
23c. DATE SIGNED <u>2-17-59</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 20, 1959</u>	
24c. NAME OF CEMETERY <u>MT. HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HIAWATHA KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>2-20-59</u>		REGISTRAR'S SIGNATURE <u>new Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. A. Newcomer's Sons</u>		ADDRESS <u>1330 BRUSH CREEK KANSAS CITY, MO</u>	

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 *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *K C M*

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.