

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 21 1959

59-029305
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3906

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 49 yrs		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3012 Belleview		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3012 Belleview	
3. NAME OF DECEASED (Type or print) First FRANK Middle R. Last SCHOLZ			4. DATE OF DEATH Month 8 Day 10 Year 1959		
5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-6-79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Brewer		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (City and state or country) Germany	
13a. FATHER'S NAME Joseph Scholz		13b. MOTHER'S MAIDEN NAME Mary J. Fietz		14. NAME OF HUSBAND OR WIFE Anna Scholz	
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. 486-07-8169		17. INFORMANT Address Mrs. Anna Scholz, 3012 Belleview	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aspiration pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of tongue (inop.)					?
DUE TO (c) Congestive heart failure					?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. auricular fibrillation					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
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	
21. I attended the deceased from 7:30 - 59 to 8-5-59 and last saw her/him alive on 8-5-59 Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Michael Bemreiter M.D.			22b. ADDRESS 436 Prof. Bldg. K.C., Mo		22c. DATE SIGNED 8-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-12-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo	
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home K.C. Mo		25. DATE RECD. BY LOCAL REG. 8-11-59	26. REGISTRAR'S SIGNATURE Neve Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Michael Bemreiter

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Alvin R. Hausch

Licensed Embalmer No. 4159

P. O. Address K. C.

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.