

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015621

FILED VS MAY 9 1960

149

Primary Registration District No. 1002 Registrar's No.

2261

STATE FILE NUMBER

ENDED

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		Length of stay in 1b 17 days		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 622 SHAWNEE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HENRY Middle M Last SCHMIDT				4. DATE OF DEATH Month April Day 21 Year 1960									
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 10-15-97		9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper hanger				10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Rosedale, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Phillip Schmidt				13b. MOTHER'S MAIDEN NAME Elizabeth Moss				14. NAME OF HUSBAND OR WIFE Carrie Schmidt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes				16. SOCIAL SECURITY NO. 510 03 9078		17. INFORMANT VA Hospital Official Recd, K.C. Mo William Schmidt 622 Shawnee, K.C. Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease													
Conditions, if any, which gave rise to above cause (a), stating 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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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					
21. I attended the deceased from April 4, 1960 to April 21, 1960 Death occurred at 8:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE R. M. BROWN, M.D.						22b. ADDRESS VA Hospital, Kansas City, Mo.			22c. DATE SIGNED 4-21-60				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)					
Removed		4-22-60		St. Calvary Cem. Kansas City, Kans									
24. FUNERAL DIRECTOR D.W. Newcomer's Sons K.C. Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Irene Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert E. Kennon

Licensed Embalmer No. 4849
P. O. Address K. P. K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.