

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JUL 5 1980

60-023378

3266

STATE FILE NUMBER

DED

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

| | | | | | | |
|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 57yrs | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2432 East 68 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2432 East 68 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Also known as Esther Delores Schroppe | | | 4. DATE OF DEATH Month 6 Day 19 Year 1960 | | | |
| 5. SEX Female | 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 11/28/03 | 9. AGE (last birthday) 56 | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and state or country) Kansas City Kansas | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME John Hall | | 13b. MOTHER'S MAIDEN NAME Ella Ethridge | | 14. NAME OF HUSBAND OR WIFE Charles Edward Schroppe | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 486 05 0439 | | 17. INFORMANT Address Charles E. Schroppe 2432E68 K.C.Mo | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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"/> N: <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 _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i> | | 22b. ADDRESS 1034 Rialto Blvd | | 22c. DATE SIGNED 6-20-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/21/1960 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels Inc | | 25. DATE RECD. BY LOCAL REG. 6-20-60 | | 26. REGISTRAR'S SIGNATURE <i>Neva Minchall</i> | | |

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION

| | | |
|--|--|--|
| Jackson | Missouri | Jackson |
| Kansas City | Kansas City | Kansas City |
| 27 yrs | 27 yrs | 27 yrs |
| 2432 East 68 | 2432 East 68 | 2432 East 68 |
| Also Known as Esther DeJores | Also Known as Esther DeJores | Also Known as Esther DeJores |
| Female | Female | Female |
| White | White | White |
| 11/28/03 26 | 11/28/03 26 | 11/28/03 26 |
| Housewife | Housewife | Housewife |
| John Hall | John Hall | John Hall |
| 486 05 0439 Charles E. Schropel 2432E68 K. | 486 05 0439 Charles E. Schropel 2432E68 K. | 486 05 0439 Charles E. Schropel 2432E68 K. |
| Ella Ehridge | Ella Ehridge | Ella Ehridge |
| Charles Edward Schr | Charles Edward Schr | Charles Edward Schr |
| Kansas City Kansas U.S.A. | Kansas City Kansas U.S.A. | Kansas City Kansas U.S.A. |

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

Ernest D. Goldman

Licensed Embalmer No. 4714

P. O. Address KC 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.