

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023503

FILED VS JUN 21 1960

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 300

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Independence	Length of stay in 1b 50 years	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 Independence Sanitarium		d. STREET ADDRESS (If outside, give location) 10307 Independence Ave.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Francis Middle S. Last Schorgl			4. DATE OF DEATH Month June Day 15 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 1/10/1887	9. AGE (last birthday) 73	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) Retired Engineer- Standard Oil Company		10b. KIND OF BUSINESS OR INDUSTRY Oil Company	11. BIRTHPLACE (City and state or country) Marcelene Missouri	12. CITIZEN OF WHAT COUNTRY U SA		
13a. FATHER'S NAME Sigmund Schorgl		13b. MOTHER'S MAIDEN NAME Mary Ann O'Neil		14. NAME OF HUSBAND OR WIFE Vera Schorgl		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Kansas City Missouri Mrs. Mary Greenen 4909 Main Street			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal aortic aneurysm		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Benign Prostatic Hypertrophy	1 year
	DUE TO (c) Pneumophthisis, advanced fibrotic	1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Coronary atherosclerosis		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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 5/20/60 to 6/5/60 and last saw him alive on 6/15/60
Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred W. Knick, M.D.		22b. ADDRESS 10229 Judyp Ave KCMO	22c. DATE SIGNED 6-16-60
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/16/1960	23c. NAME OF CEMETERY OR CREMATORY Mount St. Killards Cemetery	23d. LOCATION (City, town, of county) (State) Marcelene Missouri
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri		25. DATE RECD. BY LOCAL REG. 6-16-60	26. REGISTRAR'S SIGNATURE Jane Craig

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 22 1960

*them to esty clinic
J.S. Craig
Apr 1, 50 pm*

JUN 22 1960

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 Chester K Brown

Licensed Embalmer No. 4931
P. O. Address KE 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.