MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029614
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4343 43 43

FILED SEP 13 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1806 S 10th
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Raymond Middle Lloyd Last Schenk
4. DATE OF DEATH Month Aug Day 6 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-2-50
9. AGE (last birthday) 11
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and state or country) St. Joseph Mo
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Raymond Schenk
13b. MOTHER'S MAIDEN NAME Frances Elaskolo
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT R. Schenk – St. Joseph Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory paralysis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral edema — 1 week
DUE TO (c) Cerebellar tumor, c̄ cerebral metastases — 2 months
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Aug 5, 1961, to Aug 6, 1961 and last saw ~~him~~ her alive on Aug 6, 1961
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. L. Pucci (Degree or title)
22b. ADDRESS 228 Plaza Time Bldg.
22c. DATE SIGNED 8-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-6-61
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) St. Joseph (State) Mo.
24. FUNERAL DIRECTOR Heaton-Bowman ADDRESS St. Joseph Mo.
25. DATE RECD. BY LOCAL REG. 8-31-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

NOV 7 1961

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_____ Signed John R. Sidmon

Signature of Student Embalmer

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.