

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041251

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5609 STATE FILE NUMBER

FILED DEC 1 1961

DATE AMENDED: 5/17/62
 INSTEAD OF: Pulmonary embolism
 SHOULD READ: Carcinoma left hilum lung with extension to mediastinal nodes
 ITEM NO. 18a: Carcinoma left hilum lung with extension to mediastinal nodes
 18b: Pulmonary thrombosis evident in all pulmonary arteries of left lung
 BY AFFIDAVIT OF attending physician: Frank Ellis
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>"unknown"</u>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If curb, give location) <u>1620 Central</u>	
3. NAME OF DECEASED (Type or print) First <u>Chester</u> Middle <u>H.</u> Last <u>Schild</u>			4. DATE OF DEATH Month <u>11</u> Day <u>4</u> Year <u>61</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-18-86</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u> Hours <u>?</u> Min. <u>?</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doorman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>President Hotel</u>		11. BIRTH PLACE (City and state or country) <u>"unknown"</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>"unknown"</u>
13a. FATHER'S NAME <u>"unknown"</u>		13b. MOTHER'S MAIDEN NAME <u>"unknown"</u>		14. NAME OF HUSBAND OR WIFE <u>"unknown"</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 10-16-17 to 10-8-19</u>			16. SOCIAL SECURITY NO. <u>Records: J.C. Mo. General Hospital</u>		17. INFORMANT Address <u>J.C. Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> - to mediastinal nodes DUE TO (b) <u>Pulmonary thrombosis evident in all pulmonary arteries of left lung</u> 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 checked="" 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 <u>11-3-61</u> to <u>11-4-61</u> and last saw ^{her} him alive on <u>11-4-61</u> Death occurred at <u>6:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Frank Ellis</u> (Degree or title)			22b. ADDRESS <u>2400 Cherry</u>		22c. DATE SIGNED <u>11-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>11-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Andover, Kansas</u>
24. FUNERAL DIRECTOR <u>Steilert Funeral Home</u>		ADDRESS <u>J.C. Mo.</u>		25. DATE RECEIVED BY LOCAL REG. <u>11-8-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

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 _____
Signature of Student Embalmer

Signed B. E. Weibert

Licensed Embalmer No. 4075

P. O. Address L. C. 8, 7

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.