

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045027

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6394

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 lb 50 Yrs	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 4613 Westridge Rd		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4613 Westridge Rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
LAWRENCE AMOS SCHMITT **December 19 1961**

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 4/1/1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Nash Central Mot.	11. BIRTHPLACE (City and state or country) Princeton Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Phillip B Schmitt	13b. MOTHER'S MAIDEN NAME Ella C Bledsoe	14. NAME OF HUSBAND OR WIFE Mary Schmitt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Mary Schmitt 4613 Westridge Rd

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Myocardial infarction - acute -** INTERVAL BETWEEN ONSET AND DEATH **minutes**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary artery disease - arteriosclerosis** **Unknown**
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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
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21. I attended the deceased from 1949 to death and last saw ^{her}him alive on 12-18-61
 Death occurred at 2:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M O S O N</i>	22b. ADDRESS 104 Prairie Village Mo. Bldg. Prairie Village, Kans.	22c. DATE SIGNED 12-30-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/21/61	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Sheil Colonial Chapel K C Mo	25. DATE RECD. BY LOCAL REG. 12-20-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

G. M. OSBOOD MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 _____

Licensed Embalmer No. 4454

P. O. Address K. P. 4710

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.