

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027324

3869

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3869

FILED AUG 13 1962

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Rev. 4/59

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DATE AMENDED
8/13/62
8/13/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
Garden City
Garden City

ITEM NO. SHOULD READ
23c Orient. Cemetery
Harrisonville, Mo.
23d

DOCUMENT

BY AFFIDAVIT OF Funeral Director
Hugh H. Owens MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 15 Min.	c. CITY OR TOWN Harrisonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Baptist Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 205 West Washington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle WILLIAM Last SCHINDLER		4. DATE OF DEATH Month 7 Day 25 Year 62	
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 11-22-01
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Standard Oil Agent		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	11. BIRTHPLACE (City and state or country) Wheatland, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Daniel Schindler	
13b. MOTHER'S MAIDEN NAME Lena Hostetler		14. NAME OF HUSBAND OR WIFE Reva Schindler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mr. Clint Schindler; Harrisonville	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest, Laceration of Lungs DUE TO (b) Heart Failure DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Autopsy & Inspection		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 checked="" 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.) No Car Collision	
20c. TIME OF INJURY Hour 7 a.m. p.m. 25 Month, Day, Year 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71	20f. CITY, TOWN, OR LOCATION Harrisonville COUNTY Jackson STATE MO
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Hugh H. Owens	
22b. ADDRESS 152 N. Main Street		22c. DATE SIGNED 7-26-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial		23b. DATE 7-26-62	
23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery		23d. LOCATION (City, town, or county) Garden City, Missouri	
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S) K.C., MO.		25. DATE RECD. BY LOCAL REG. 7-26-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

BEAR

X

OFFICE

DATE

TIME

NOTARIES THE

DEPT. OF HEALTH

OF

STATE

AND

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with this ...
relates to

embalmer

signature

embalmer: ...

of

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 Weiler

Licensed Embalmer No. 4075

P. O. Address. 3 E. 8, 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.

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This certificate is valid only if the embalmer's signature is in his own handwriting.