

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1413

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>167</u>	
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, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>30 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>423 EAST 75<sup>TH</sup> STREET</u>				d. STREET ADDRESS (If rural, give location) <u>423 EAST 75<sup>TH</sup> STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>AGNES O.</u> c. (Last) <u>SCHORGL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 11, 1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 23, 1864</u>	
9. AGE (in years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CINCINNATI, OHIO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JOHN O'NEIL</u>		13b. MOTHER'S MAIDEN NAME <u>BRIDGETT</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS SCHORGL</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK A. SCHORGL</u> ADDRESS <u>KANSAS CITY, MO. 5112 TRACY AVENUE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arterio sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>4 yrs</u>
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>			
22. I hereby certify that I attended the deceased from <u>Sept 6, 1948</u> , to <u>Jan 11, 1949</u> , that I last saw the deceased alive on <u>Jan 10, 1949</u> , and that death occurred at <u>7:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leo A. O'Brien</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>306 E 12. K.C. Mo</u>		23c. DATE SIGNED <u>1-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. KILLARD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MARCELINE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-13-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. W. Newcomer's Sons</u> ADDRESS <u>1401 BRUSH CREEK BLVD. KANSAS CITY, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Robert Ray

Signed.....  
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.