

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20457

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2593

I. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give town or township) **Kansas City**

c. LENGTH OF STAY (in this place) **13 yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION **424 W. 70th Terrace**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**

d. STREET ADDRESS (If rural, give location) **424 West 70th Terrace**

3. NAME OF DECEASED

a. (First) **Joseph** b. (Middle) **O.** c. (Last) **Schmitz**

4. DATE OF DEATH (Month) (Day) (Year) **June 9, 1950**

5. SEX male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **married**

8. DATE OF BIRTH **Feb. 11, 1898** **9. AGE** (In years last birthday) **52**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Electrical Mfr.**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **O. J. Schmitz** **13b. MOTHER'S MAIDEN NAME** **unknown** **14. NAME OF HUSBAND OR WIFE** **Lucille Willis Schmitz, wife**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **World War I**

16. SOCIAL SECURITY NO. **-** **17. INFORMANT'S SIGNATURE OR NAME** **Mo. ADDRESS** **Joseph O. Schmitz, Jr., 424 W. 70th Terr. K.C.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute coronary occlusion**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **42-01**

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **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) **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **GEO. C. Kealhofer** (Degree or title) **23b. ADDRESS** **3447 Parked SE 24** **23c. DATE SIGNED** **6-10-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **6/12/50** **24c. NAME OF CEMETERY OR CREMATORY** **Mt. Moriah** **24d. LOCATION** (City, town, or county) (State) **Kansas City MO**

DATE REC'D BY LOCAL REG. **6-10-50** **REGISTRAR'S SIGNATURE** **Seraldine Holmes** **25. FUNERAL DIRECTOR'S SIGNATURE** **STINE & McCLURE, Kansas City, Mo.** **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 1950

SEP 22 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Walter E. Meyer*

Licensed Embalmer No. *45-2-5-*

P. O. Address *H. C. Meyer*

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.