No. 300
10.48

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27169

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3217

1. PLACE OF DEATH
a. COUNTY: Jackson City 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3468
d. STREET ADDRESS (If rural, give location): 2627 Jarboe

3. NAME OF DECEASED (Type or Print)
a. (First): Karoline
b. (Middle):
c. (Last): Schaumeier

4. DATE OF DEATH (Month) (Day) (Year): 7-25-51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec 29 1866
9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Schoeberl
13b. MOTHER'S MAIDEN NAME: No record
14. NAME OF HUSBAND OR WIFE: John Schaumeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Louis Schaumeier
ADDRESS: 2627 Jarboe

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) Cerebral Decomposition — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrosclerosis — 1 week
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Rt Hip — 5 days

19a. DATE OF OPERATION: 7-23-51
19b. MAJOR FINDINGS OF OPERATION: Osteoporosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fell over Rug
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): K.C. **(COUNTY)**: Jackson **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 20 51 8 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell over Rug

22. *I hereby certify that I attended the deceased from* 7-20, 1951, *to* 7-25, 1951, *that I last saw the deceased alive on* 7-25, 1951, *and that death occurred at* 5:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John T. Skinner MD (Degree or title)
23b. ADDRESS: K.C. Mo
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28 1951
24c. NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 7-27-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Burk & Robin
ADDRESS: 20 W Linwood

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Forrest D. Coldsmith

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.C. MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.