No. 300
10-48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27171
Registrar's No. 3500

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 558 Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 558 Main 3020

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

4. DATE OF DEATH (Month) (Day) (Year): Aug 13-51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 21 1867
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): Retire
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Do not know
13b. MOTHER'S MAIDEN NAME: Do not know
14. NAME OF HUSBAND OR WIFE: Do not know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Do not know
16. SOCIAL SECURITY NO.: Do not know
17. INFORMANT'S SIGNATURE OR NAME: Old age Pension
ADDRESS: K C Mo.

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) Cause of Death unknown

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1955

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Relatives
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
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 ☐ 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 Hugh H. Owens (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 1034 Walter Bldg
23c. DATE SIGNED: 8-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): School
24b. DATE: 8-16-51
24c. NAME OF CEMETERY OR CREMATORY: K C College of Osteopathy + Surgery
24d. LOCATION (City, town, or county) (State): 2105 Troup, K C Mo

DATE REC'D BY LOCAL REG.: 8-15-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Passarotto Bros
ADDRESS: K C Mo

(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.

Student .....
Student Embalmer

Signed Franas Walter

Licensed Embalmer No. 27 44

P. O. Address 12 Como

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.