

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35191

State File No. ....

OCT 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 4399

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>818 East 43rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Trinity Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>HELEN</u>	a. (First)	b. (Middle) <u>ARDERY</u>	c. (Last) <u>SCHMOHL</u>	4. DATE OF DEATH	(Month) <u>10</u>	(Day) <u>9</u>	(Year) <u>1952</u>
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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>Jan. 22, 1893</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months	YEAR Days	# UNDER 1 Mth. Hours	Mth.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Internal Rev. Bureau</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Ardery</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Kane</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur J. Schmohl</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Jane Eckert, Parkville, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH: <u>1 1/2 hrs</u>  <u>1 year</u>  <u>4 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral artery occlusion</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Unknown</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>NO</u> (Year) _____ (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-9-52 1952, to 10-9, 1952, and I last saw the deceased alive on 4 AM, 1952, and that death occurred at 5 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. B. Casbolt</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>4000 Baltimore</u>	23c. DATE SIGNED <u>10/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-9-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Cambelt - 4000 Belt -  
Va 5115 -

LO-0930

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 Rayton O. Barnes

Signed.....  
Student Embalmer

Licensed Embalmer No. 4793

P. O. Address St. C. Mo

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

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