

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6269

State File No.

FILED FEB 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 732

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>1934</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Missouri</u>	d. STREET ADDRESS (If rural, give location) <u>101 Memorial Drive</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary</u> b. (Middle) <u>Adela</u> c. (Last) <u>Schoewe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 1 - 53</u>
---	--	--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>Adm. 74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---------------------------------	--	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	--	--	---

13a. FATHER'S NAME <u>Ludwig Heinz Schoewe</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Lutta</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>K. C. Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calcific aortic stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Arteriosclerotic heart disease</u>		<u>4/12/11</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 P.M. on _____, from the causes and on the date stated above.

23a. SIGNATURE <u>Angelo Lapi</u> (Name or title) <u>Angelo Lapi M.D. autopsy surgeon</u>	23b. ADDRESS <u>101 Memorial Drive</u>	23c. DATE SIGNED <u>2/1/53</u>
---	--	--------------------------------

24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried 2/4/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>St. Mary's, Mo.</u>
--	--	--

DATE REC'D BY LOCAL REG. <u>2-4-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	FURNERAL DIRECTOR'S SIGNATURE <u>John E. Lewis</u> ADDRESS <u>St. Mary's, Mo.</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Thomas J. [Signature]*
Licensed Embalmer No. *3775*
P. O. Address *A. O. [Signature]*

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.