

STANDARD CERTIFICATE OF DEATH

State File No. **14485**
2074

FILED MAY 13 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 33 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 17-B Kessler Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 17-B Kessler Road		e. (Last) SCHERER	
3. NAME OF DECEASED (Type or Print) a. (First) ANN		b. (Middle) _____	
4. DATE OF DEATH (Month) (Day) (Year) 4 17 53		5. SEX Fe	
6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12-6-1918		9. AGE (In years last birthday) 34	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Limpic		13b. MOTHER'S MAIDEN NAME Rose Malneric	
14. NAME OF HUSBAND OR WIFE Leo C. Scherer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. xx		17. INFORMANT'S SIGNATURE OR NAME Mr. Leo C. Scherer, 17-B Kessler Rd	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Carcinoma of Ovary Rt		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ovary with Extension to Peritoneum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 19, 51, to Apr 17, 1953, that I last saw the deceased alive on Apr 16, 1953, and that death occurred at 12:45 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. O. Parsons M.D.		23b. ADDRESS 315 Melrose Road		23c. DATE SIGNED 4/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-20-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas					

DATE REC'D BY LOCAL REG. 4-18-53		REGISTRAR'S SIGNATURE Deraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J W Wagner	
				ADDRESS K C Mo.	

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

70-3150

OCT 7 1958

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 Alvin R. Haenschel

Licensed Embalmer No. 4159

P. O. Address K. E. 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.