

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14486
 1709

State File No.

FILED APR 16 1953

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

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 OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1324 Prospect #24</u>		e. STREET ADDRESS (If rural, give location) <u>1324 Prospect apt 24</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>SCHOOKEY</u> c. (Last) <u>SCHOOKEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-1953</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 28, 1883</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>furniture transfer</u>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County, N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Nicholas Schooley</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Schooley</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. <u>495-07-5022</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie Schooley 1324 Prospect</u>	
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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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
		b. <u>Hypertension due to nephritis</u>			
		c. <u>Cirrhosis</u>		<u>59 3/4</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 10-6-1852 to 3-26-1953 that I last saw the deceased alive on 3-26-1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nicholas Jaime</u> (Degree or title)		23b. ADDRESS <u>4050 Broadway</u>		23c. DATE SIGNED <u>3/27</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-30-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Leaf Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kans</u>	
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DATE REC'D BY LOCAL REG. <u>3-27-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cassatino Bros KC MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jamil
4050 Broadway
We 6577

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.....
Signature of Student Embalmer

Signed *F. S. Wacton*.....

Licensed Embalmer No. *2744*

P. O. Address *Kc., Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.