No. 300
10.48

FILED JUN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22234

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5782 Registrar's No. 69

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8150 8
d. STREET ADDRESS (If rural, give location): 3212 N. 28th St.

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): J
c. (Last): SCHLEICHER

4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 53

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: Oct. 27, 1904
9. AGE (In years last birthday): 48 — 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): OWNER-OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: HARRY'S MOTOR SER.
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY, KANS 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: LOUIS SCHLEICHER
13b. MOTHER'S MAIDEN NAME: MARY MARKIEWICZ
14. NAME OF HUSBAND OR WIFE: TERESA SCHLEICHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Teresa Schleicher — ADDRESS: K.C.K.

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): CORONARY MYOCARDITIS, THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 MIN.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) 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* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Humphreys, D.O. Coroner 3
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial
24b. DATE: 6-11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 6-13-1953
REGISTRAR'S SIGNATURE: John G. Schweiterman 194-C
25. FUNERAL DIRECTOR'S SIGNATURE: Louis D. Phillips — ADDRESS: Eldon

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1953

1953

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.