

STANDARD CERTIFICATE OF DEATH

State File No. **42058**

FILED DEC 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **5087** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Rich Hill, Mo. R.F.D.</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>5224 Brookwood Avenue</b> <b>3758</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 miles West Rich Hill, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>Andrew</b> c. (Last) <b>Schwab</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 13, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 20, 1912</b>	9. AGE (In years last birthday) <b>41</b>	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) <b>Painter-Interior Decorator</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Rosedale, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Michael Schwab</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Bartholomew</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel I. Schwab</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-01-9832</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hazel I. Schwab, Kansas City, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). <b>Coronary Occlusion</b>		
	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 <b>4201</b>		20. AUTOPSY? YES <input 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) <b>Howard, Bates Mo</b>	
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 **Dec 19, 1953** to **Dec 19, 1953**, that I last saw the deceased **Dec 19, 1953** and that death occurred at **10:00 AM** from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <b>Thomas J. Martin</b>		23b. ADDRESS <b>Maple Hill Mo</b>		23c. DATE SIGNED <b>Dec 16 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 16, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		

DATE REC'D BY LOCAL REG. <b>Dec 16 1953</b>	REGISTRAR'S SIGNATURE <b>Fern H Martin</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Culver-Underwood - Butler Mo</b>
---	--	--

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

DEC 31 1953

DEC 30 1953

DEC 30 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.....  
Signature of Student Embalmer

Signed *John B. Lewis*.....

Licensed Embalmer No. *487*

P. O. Address *152 M*

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.