

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **5048**  
Registrar's No. **632**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>622 Truman Road</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"/>
		e. STREET ADDRESS (If rural, give location) <b>622 Truman Road</b>	<b>3278</b>

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Edward</b>	b. (Middle)	c. (Last) <b>SCHATZMAN</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 8, 1954</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>3-23-77</b>	<b>9. AGE</b> (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Unemployed</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Grandale, Ohio</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>
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<b>13a. FATHER'S NAME</b> <b>Unknown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>V. J. Parr</b>	<b>ADDRESS</b> <b>626 Truman Rd</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>History heart at Leavenworth</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Pain chest &amp; arms</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>natural</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**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 \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Hugh H. Owens</b>	<b>(Degree or title)</b> <b>Coroner</b>	<b>23b. ADDRESS</b> <b>1034 Piatt Bldg.</b>	<b>23c. DATE SIGNED</b> <b>2-9-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>2/11/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Ft. Leavenworth, Kansas</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2-9-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Melody-McGilley-Eylar</b>	<b>ADDRESS</b> <b>Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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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 *Glen E. Beck*

Licensed Embalmer No. *406*

P. O. Address *Kansas City*

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.