

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27678**
4008

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. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 82 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 EAST ARMOUR		e. STREET ADDRESS (If rural, give location) 1220 EAST ARMOUR BLVD.	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle)	c. (Last) SCHNEIDER	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 15 1954
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5. SEX D	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JULY 18, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY & TREASURER	10b. KIND OF BUSINESS OR INDUSTRY STANDARD FEDERAL SAVINGS AND LOAN	11. BIRTHPLACE (City and State or Foreign Country) D KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH SCHNEIDER	13b. MOTHER'S MAIDEN NAME PAULINE SACHS	14. NAME OF HUSBAND OR WIFE ELEANOR M. SCHNEIDER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-14-1462	17. INFORMANT'S SIGNATURE OR NAME MRS. ELEANOR M. SCHNEIDER	ADDRESS 1220 E. ARMOUR, K. C. MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 HRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		
	ANTECEDENT CAUSES DUE TO (b) Acute coronary occlusion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - generalized.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **8-26-38**, 19___, to **8-15-54**, 19___, that I last saw the deceased alive on **8-12-54**, 19___, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Wheeler (Degree or title) M.D.	23b. ADDRESS 411 Nichols Road, Kansas City Mo.	23c. DATE SIGNED 8-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Aug. 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 8-18-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer	ADDRESS 1321 Bruce Creek Blvd. Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Basil V. Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *K.C., 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.