

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 41199

5427

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. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN VERSAILLES	b. COUNTY CAMOENON
c. LENGTH OF STAY (In this place) 8 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			
STREET ADDRESS		(If rural, give location) STAR ROUTE	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM F.			b. (Middle)			c. (Last) SCHRYER			4. DATE OF DEATH (Month) (Day) (Year) November 22, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 17, 1874			9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason - Retired				10b. KIND OF BUSINESS OR INDUSTRY Construction				11: BIRTHPLACE (City and State or Foreign Country) Hamburg, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Fred Schryer			13b. MOTHER'S MAIDEN NAME Drucilla Gosney			14. NAME OF HUSBAND OR WIFE MRS. MARGARET SCHRYER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME CARL SCHRYER			ADDRESS 4517 N. OAK ST. KANSAS CITY MO.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		DUE TO (b) Calcific aortic stenosis						1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Pulmonary emphysema						25 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriolonephrosclerosis								20 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)	
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?	

22. I hereby certify that I attended the deceased from November 14 1954 to Nov. 22, 1954, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. C. YOUNG, M.D. C. C. Young		23b. ADDRESS VA Hospital, Kansas City, Missouri		23c. DATE SIGNED 11/22/54	
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24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE NOV 24 1954		24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) RAY COUNTY MISSOURI	
DATE REC'D BY LOCAL REG 11-24-54		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. J. Newcomer 1331 BROADWAY CREEK MO. KANSAS CITY, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING 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 *Chester Brown*

Licensed Embalmer No. *490*

P. O. Address *KC Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.