

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5067

State File No.

365

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>	c. CITY OR TOWN <u>McLouth</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hosp!</u>		STREET ADDRESS (If rural, give location) <u>R 2. Box 61</u> <u>8150 8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u> b. (Middle) <u>A.</u> c. (Last) <u>Schade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>10-31-87</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado - Pueblo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Paul Schade, sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Fulleburich</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Schade</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jesse Schade, R. 2, Box 61, McLouth, Ks.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of urinary bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6mo-1yr.</u>	
ANTECEDENT CAUSES *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 (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 <u>1-4-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>inoperable ca bladder with metastases to regional nodes</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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) _____		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 <u>12-27</u> , 19 <u>54</u> , to <u>1-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>55</u> , and that death occurred at <u>8:52</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Raymond W Stockton, M.D.</u>		23b. ADDRESS <u>411 nichol Rd K C, Mo.</u>	
23c. DATE SIGNED <u>1-25-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Blue Springs, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. K.C.MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-55</u>		REGISTRAR'S SIGNATURE <u>neve minshall</u>	

WRITE PLAINLY—USING INFEADING BLACK INK—MAKE A PERMANENT RECORD
Raymond W. Stockton

(Licensed Embalmer's Statement on Reverse Side)

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 *Eugene Heenan*.....

Licensed Embalmer No. 246
P. O. Address *Kenosha, Ct*

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.