

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5069**
910BIRTH 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) 50 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 ST. LUKES HOSPITAL		f. STREET ADDRESS (If rural, give location) 448 EAST MEYER BLVD. 3868	
3. NAME OF DECEASED a. (First) MAOIE		b. (Middle) E.	
c. (Last) SCHOFIELD		4. DATE OF DEATH (Month) (Day) (Year) FEB-25-1955	
5. SEX 1	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-9-1874
9. AGE (In years last birthday) 80	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) IONIA MICHIGAN
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME H. R. BENTLEY	
13b. MOTHER'S MAIDEN NAME SARAH UNKNOWN		14. NAME OF HUSBAND OR WIFE L. R. SCHOFIELD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME L. R. SCHOFIELD		ADDRESS 448 E. MEYER BLVD. KANSAS CITY, MO.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH minutes
ANTECEDENT CAUSES		DUE TO (b) myocardial infarction		Days
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Coronary Artery Sclerosis		Years
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Acute Myelogenous Leukemia		Year
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)		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 **Feb 21, 1955**, to **Feb 25, 1955**, that I last saw the deceased alive on **Feb 25, 1955**, and that death occurred at **3:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE V. B. Ballard (Degree or title) MD		23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 2-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 28 1955	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

DATE REC'D BY LOCAL REG. 2-28-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Ch. Newcomer		ADDRESS 1331 BRUSH CREEK 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.....

Licensed Embalmer No. 418

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.