

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH33513
State File No. 4664

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4664	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY MIAMI			
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (In this place) 17 days		c. CITY (If outside corporate limits, write RURAL and give township) LOUISBURG		d. STREET ADDRESS (If rural, give location) 10 815 8	
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) B. c. (Last) SCHAUER				4. DATE OF DEATH (Month) (Day) (Year) 10 - 29 - 55			
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5-23-1886		9. AGE (In years last birthday) 69 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) LOUISBURG, KANS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOSEPH M. Moody			13b. MOTHER'S MAIDEN NAME Julian ANN MARTIN		14. NAME OF HUSBAND OR WIFE PAUL SCHAUER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Geo Moore			ADDRESS K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of uterus			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) unknown			
				DUE TO (c) unknown			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							174X
19a. DATE OF OPERATION Oct 23, 1955		19b. MAJOR FINDINGS OF OPERATION Carcinoma of uterus Melanosis					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE no		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) no		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 Oct 1, 1955, to Oct 29, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 10:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE M. B. Casebolt (Degree or title)				23b. ADDRESS 4000 Baltimore			23c. DATE SIGNED 10-29-55
24a. RURAL CREMATORIAL SOCIETY (If rural, give location) RURAL		24b. DATE 10-2-55	24c. NAME OF CEMETERY OR CREMATORY LOUISBURG CITY		24d. LOCATION (City, town, or county) (State) LOUISBURG, KANS		
DATE REC'D BY LOCAL REG. 10-29-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Ward B. Ryan			ADDRESS Louisburg, Kans.

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer .

Signed *Gerald E. White*

Licensed Embalmer No. *4956*

P. O. Address *Levensburg, Kas*

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 this body is not embalmed, fact should be so stated above.