

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33514**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4323</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		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 <u>5343 GARFIELD AVENUE</u>				e. STREET ADDRESS (If rural, give location) <u>5343 GARFIELD AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> <del>THEODORE</del>		b. (Middle) <u>THEODORE</u>		c. (Last) <u>SCHILLING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-6-1955</u>	
5. SEX <u>D</u> MALE		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY-3-1920</u>	
9. AGE (In years last birthday) <u>35</u>		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, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MOTOR CAR AGENCY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RAVENNA, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL J. SCHILLING</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LOUISE DERFLINGER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. BILLIE MAE SCHILLING</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>496-07-8718</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BILLIE MAE SCHILLING 5343 GARFIELD AVE. KANSAS CITY, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bullet Wound Head</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.				INTERVAL BETWEEN ONSET AND DEATH  <u>29 1/2 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-5-55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self Inflicted</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh D. Owens</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1034 Rialto Bldg.</u>		23c. DATE SIGNED <u>10-7-55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Engelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-8-55</u>		REGISTRAR'S SIGNATURE <u>new Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(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.....  
Signature of Student Embalmer

Signed..... *John B Lewis* .....

Licensed Embalmer No. *487*

P. O. Address *KC 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.