

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33517

State File No. _____

FILED OCT 25 1955

4350

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. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 25 Yrs.	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 Trinity Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 7108 Jefferson	

3. NAME OF DECEASED a. (First) Dewey b. (Middle) Daniel c. (Last) Schuppener			4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Agent		10b. KIND OF BUSINESS OR INDUSTRY Chicago N.W R. R	11. BIRTHPLACE (City and State or Foreign Country) Stitzer, Wisc		12. CITIZEN OF WHAT COUNTRY? U. S

13a. FATHER'S NAME Lewis W. Schuppener	13b. MOTHER'S MAIDEN NAME Maggie Smith	14. NAME OF HUSBAND OR WIFE Amelia Schuppener
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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 Mrs. Amelia Schuppener - 7108 Jefferson	ADDRESS
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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) Acute Myocardial Infarction		DUE TO (b) Acute coronary thrombosis		less than 24 hrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 8, 1955, to Oct 9, 1955, that I last saw the deceased alive on Oct 8, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Walker (Degree or title) MD	23b. ADDRESS 836 Prof Bldg. K.C. Mo	23c. DATE SIGNED 10-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 11 1955	24c. NAME OF CEMETERY OR CREMATOR Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 10-10-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE FLORAL HILLS MEMORIAL CHAPELS, INC. K. C. MO	ADDRESS
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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. 485

P. O. Address T. C. 1

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.