

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1955

State File No. **37013**
Registrar's No. **5000**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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. CITY OR TOWN <u>KANSAS CITY</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>13 514 E. 9TH. ST.</u>		3133	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Grace</u>	b. (Middle) <u>E</u>	c. (Last) <u>Scheurich</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>11</u> <u>17</u> <u>55</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 30, 1900</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESLADY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>JONES STORE CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GALENA, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES WATCHER</u>	13b. MOTHER'S MAIDEN NAME <u>SYBIL CORNELISON</u>	14. NAME OF HUSBAND OR WIFE <u>John Scheurich</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-16-0127</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRANK E. SCHEURICH</u>	ADDRESS <u>4001 Warwic K.C. MO.</u>
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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) <u>Subarachnoid Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 days</u>	
	ANTECEDENT CAUSES <u>Arteriosclerotic posterior Comm. cerebral artery</u>			<u>Unknown</u>
	DUE TO (b) <u>Cerebral arteriosclerosis</u>			<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Essential Hypertension</u>		<u>Unknown</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>336</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 10-21, 1955, to 11-17, 1955, that I last saw the deceased alive on 11-17, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lyman W. Lais</u>	23b. ADDRESS <u>1103 Grand KCMo</u>	23c. DATE SIGNED <u>11-17-55</u>
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24a. BURIAL OR REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>JOPLIN, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-18-55</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Neuro...</u>	ADDRESS <u>K.C. Mo.</u>
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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 *Chester K Brown*.....

Licensed Embalmer No. *49*.....

P. O. Address *KE*.....

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.