

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40866

5611

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5611					
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) 30 yrs.		c. CITY OR TOWN Kansas City		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 Menorah Medical Center				STREET ADDRESS (If rural, give location) 91 1007 Westover Road 36450							
3. NAME OF DECEASED (Type or Print) a. (First) Carrie			b. (Middle) Schwake		c. (Last) Schwake						
4. DATE OF DEATH (Month) (Day) (Year) 12 23 55			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married				
8. DATE OF BIRTH Sept. 12, 1885			9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and State or Foreign Country) Iowa			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Conrad Schwake			13b. MOTHER'S MAIDEN NAME Marie Hasse			14. NAME OF HUSBAND OR WIFE --					
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. No		17. INFORMANT'S SIGNATURE OR NAME (Printed) Miss Helen Rimredt, Elma, Iowa			ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Visceral Carcinomatosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Uterus  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  174 h			
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) m.		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 July, 1954, to Dec 23, 1955, that I last saw the deceased alive on Dec 23, 1955, and that death occurred at 10:18A m., from the causes and on the date stated above.											
23a. SIGNATURE Harry C. Wall (Degree or title) M.D.				23b. ADDRESS 1116 Professional Bldg			23c. DATE SIGNED Dec 23, 1955				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/24/55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Mason City, Iowa					
DATE REC'D BY LOCAL REG. 12-24-55		REGISTRAR'S SIGNATURE Elva Trinchell			25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.			ADDRESS K.C.MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Prof. BODG  
Su. 11/11/11 7:00 PM to day

**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 *A. S. Walton*.....

Licensed Embalmer No *274*

P. O. Address *K. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.