

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9306

1028

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No. 1028			
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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 75 y.		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 St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 217 N. Meerington 3080					
3. NAME OF DECEASED (Type or Print) CHARLES William SCHULZE			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March-6-1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 15-1877			
9. AGE (In years if under 1 year last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designer		10b. KIND OF BUSINESS OR INDUSTRY Tailor		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Schulze		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND (OR) WIFE Edith Schulze			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) No		16. SOCIAL SECURITY NO. 486-03-9978		17. INFORMANT'S SIGNATURE OR NAME Alfred Schulze H.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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phlebotrombosis of pelvis DUE TO (c) Peritonitis secondary to 196 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma of Liver				INTERVAL BETWEEN ONSET AND DEATH immediate 2 weeks 6 weeks 7 months	
19a. DATE OF OPERATION 1-28-56		19b. MAJOR FINDINGS OF OPERATION Two Primary Carcinomas of Sigmoid 153							
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY		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 1-27-56 1956, to 2-6, 1956, that I last saw the deceased alive on 2-6, 1956, and that death occurred at 5 1/2 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Robert L. Ward (Degree or title) M.D.				23b. ADDRESS 4126 St. John		23c. DATE SIGNED 3-8-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 9-1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Indep. Missouri			
DATE REC'D BY LOCAL REG. 3-8-56		REGISTRAR'S SIGNATURE neva munsall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc. H.C., Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

~~Nov 3-3-6-2-5~~

Nov 3-3-11-9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.C. Rennie*.....

Licensed Embalmer No. *48*.....

P. O. Address *H. C. M.*.....

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