

FILED NOV 5 - 1956

STANDARD CERTIFICATE OF DEATH

33238

STATE FILE NUMBER 1163

Registration District No. 42 Primary Registration District No. 5134 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Twmship		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#1 St. Joseph, Mo.		Length of stay in lb 14 yrs.	d. STREET ADDRESS R#1		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Albert Allen Schalley			4. DATE OF DEATH Month Day Year Oct. 28, 1956		
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Inspector		10b. KIND OF BUSINESS OR INDUSTRY Otis Elevator Co.	11. BIRTHPLACE (City and state or country) Thayer, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mathias Schalley			14. MOTHER'S MAIDEN NAME Mary (Unknown)		
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 Address Mrs. Margaret G. Schalley, St. Joseph, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebra-vascular Accident Haemorrhage approx 2 wk. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) Arteriosclerosis general Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 7 7
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443x				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 9-11-56 to 10-28-56 and last saw <sup>him</sup> <sub>her</sub> alive on 10-27-56 Death occurred at 3:26 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wm B. Kram			22b. ADDRESS 316 North St Joseph Mo		22c. DATE SIGNED 10-30-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 31, 1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
24. FUNERAL DIRECTOR ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 1, 1956	26. REGISTRAR'S SIGNATURE Gather M. Allison		

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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 *Albert C. Harrington*

Licensed Embalmer No. *325*

P. O. Address *A. Joseph*

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