Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

FILED APR 16 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13395

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1447

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 1b: 18 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS 4052 McGee (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Lynn Middle H. Last Schmuck, Sr.

4. DATE OF DEATH Month 3 Day 26 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Mar. 28, 1903

9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Repair Foreman

10b. KIND OF BUSINESS OR INDUSTRY Kansas City Missouri

11. BIRTHPLACE (City and state or country) Havana, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Schmuck

14. MOTHER'S MAIDEN NAME Cora Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yrs. give war or dates of service)

16. SOCIAL SECURITY NO. 515-09-1128

17. INFORMANT Address Mrs. Leona Mae Schmuck-4052 McGee

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple emboli with infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocarditis and acute aortic verrucous endocarditis (etiology undetermined)
DUE TO (c)
431 h

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 20, 1957 to March 26, 1957 and last saw him alive on March 26, 1957
Death occurred at 1:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D. (Degree or title)

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 3-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-29-57

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) Kansas City, (State) Missouri

24. FUNERAL DIRECTOR QUIRK & TOBIN — **ADDRESS** 20W. Linwood, K.C.Mo.

25. DATE RECD. BY LOCAL REG. 3-28-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William M. Turn

Licensed Embalmer No: 46

P. O. Address 20 W. Linwood
Kansas City

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.