

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1957

17342

STATE FILE NUMBER

2471

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

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| 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, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. | | d. STREET ADDRESS 2542 Charlotte | |
| 3. NAME OF DECEASED (Type or print) Alice P. Schoen | | 4. DATE OF DEATH May 25, 1957 | |
| 5. SEX Female | 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 Oct 24, 1903 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Self | 9. AGE (In years last birthday) 53 |
| 11. BIRTHPLACE (City and state or country) Argentine, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME William Gormly | | 14. MOTHER'S MAIDEN NAME Ida Dillon | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 486-26-5708 | |
| 17. INFORMANT Carl A. Schoen | | Address 2542 Charlotte Husband | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myelogenous leukemia | | | INTERVAL BETWEEN ONSET AND DEATH 5 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 2041 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) | | |
| 20c. TIME OF INJURY - Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | |
| 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 May 22, 1957 to May 25, 1957 and last saw her alive on May 25, 1957 Death occurred at 10:14 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Albert I. Decker, MD (Degree or title) | | 22b. ADDRESS Kansas City, Mo | 22c. DATE SIGNED 5/27/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 28, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Muehlebach Funeral Home 6800 Troost | | 25. DATE RECD. BY LOCAL REG. 5-27-57 | 26. REGISTRAR'S SIGNATURE Neva Minshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Albert I. Decker

Dr. Wm. S. Sackler
Chicago Medical Bldg. Lo 1-1533



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.....
Ronald D. Kellner

Licensed Embalmer No. *4911*

P. O. Address.....*X.C.1.1*

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.