

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021 342
STATE FILE NUMBER
2899

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 2899

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY 3008 OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 533 SOUTH ASH
3. NAME OF DECEASED (Type or print) First CARL Middle A. Last SCHULER			4. DATE OF DEATH June 19, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 4, 1890
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Picture frame joiner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tipton, Missouri
13. FATHER'S NAME Carl Schueler SCHULER		14. MOTHER'S MAIDEN NAME Catherine Dick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 493-12-4387	17. INFORMANT Address VA Hospital Official Records, K. C. 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) Pulmonary edema and congestion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Granulocytic leukemia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Portal cirrhosis			INTERVAL BETWEEN ONSET AND DEATH 2041
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 Month, Day, Year a. m. p. m.			
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. attended the deceased from June 17, 1957 to June 19, 1957 Death occurred at 11:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Turner		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 6/19/57
27a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Missouri		25. DATE RECD. BY LOCAL REG. 6-21-57	26. REGISTRAR'S SIGNATURE Meva Minshall



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 John A. Sedunor, Student Embalmer No. 54
working under my personal supervision.

Student John C. Sedunor
Signature of Student Embalmer

Signed Floyd C. Carson
Licensed Embalmer No. 141

P. O. Address Indy

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.