pt. Health,
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S. Public
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FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36124 4822

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

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: 714 E. 29th St. — Length of stay in 1b: 52 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 (If outside, give location): 714 E. 29th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: GARHARD Middle: FREDRICK Last: SCHROEDER

4. DATE OF DEATH Month Day Year: October 18, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Mar. 25, 1880

9. AGE (In years last birthday): 77 — 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): Printer & Owner

10b. KIND OF BUSINESS OR INDUSTRY: Directory Press

11. BIRTHPLACE (City and state or country): Schroeder's Mill, Lincoln Co., Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Schroeder

13b. MOTHER'S MAIDEN NAME: Louise Fossie

14. NAME OF HUSBAND OR WIFE: Henrietta Schroeder

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

16. SOCIAL SECURITY NO.: 488-38-5533

17. INFORMANT: Mrs. Pauline E. Tull, Address: 6240 East 15th Ter.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cerebral thrombosis, left internal capsule — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): cerebral atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH: several years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332+

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 9-16-57 to 10-18-57 and last saw him alive on 10-18-57
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard W. Gunn MD

22b. ADDRESS: 62 So Truman Rd K.C. Mo

22c. DATE SIGNED: 10-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial & Removal

23b. DATE: 10-20-57

23c. NAME OF CEMETERY OR CREMATORY: Schroeder's Mill Cem.

23d. LOCATION (City, town, or county) (State): Lincoln Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.: 10-18-57

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Richard W. Gunn

Dr. Richard Gunn
6230 Truman Rd.
Be 1-7800

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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 George A. Jackson, Student Embalmer No. 558 working under my personal supervision.

Student George A. Jackson
Signature of Student Embalmer

Signed Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K. C. Mo.

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.