

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-014317  
 STATE FILE NUMBER 1618

FILED APR 22 1958

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

300  
 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i> <i>8150</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Marys</i>		Length of stay in H.A. <i>14 Months</i>	d. STREET ADDRESS <i>1717 Lake Ave</i>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First <i>Anna</i>	Middle <i>Mary</i>	Last <i>Mandl</i>	4. DATE OF DEATH	Month <i>March</i>	Day <i>28</i>	Year <i>1958</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <i>2</i> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 14 1874</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Lenexa Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>
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13a. FATHER'S NAME <i>John Schermann</i>	13b. MOTHER'S MAIDEN NAME <i>Theresa S. Boecker</i>	14. NAME OF HUSBAND OR WIFE <i>Joseph Mandl</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>487 12 9326</i>	17. INFORMANT Address <i>Frank L. Mandl 4436 Terrace, K C Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>3315</i>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>General Arteriosclerosis</i>		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from Death occurred at <i>5:20 a.m.</i>	<i>3-24-58</i> to <i>3-28-58</i> and last saw her alive on <i>3-27-58</i>	and last saw him alive on _____
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22a. SIGNATURE <i>H. H. Owens</i>	(Degree or title)	22b. ADDRESS <i>1034 Pinalto Blvd</i>	22c. DATE SIGNED <i>3-28-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>March 31-58</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Mt. St. Mary</i>	23d. LOCATION (City, town, or county) <i>Kansas City, Missouri</i>
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24. FUNERAL DIRECTOR <i>Gates Funeral Home</i>	ADDRESS <i>Kan City Kan</i>	25. DATE RECD. BY LOCAL REG. <i>3-28-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. H. Owens

All diseases in Part I must be causally related.

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 *Paul R. Williamson*

Licensed Embalmer No. *5009*

P. O. Address *Overland Park*  
*102 -*

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.