

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018480

STATE FILE NUMBER
2435

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2435

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 OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 128 So Brighton		Length of stay in lb 45 Yrs	d. STREET ADDRESS (If outside, give location) 128 So Brighton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CATHERINE Middle MARIE Last SCHORGL			4. DATE OF DEATH Month May Day 12 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 13 1893	9. AGE (In years last birthday) 64 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hugoton Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Patrick Burns		13b. MOTHER'S MAIDEN NAME Margaret Braggan	
13c. NAME OF HUSBAND OR WIFE James Schorgl (Dec)		14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. 500-22-3571	
16. INFORMANT Louis P Schorgl		Address 128 So Brighton			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Vertebrae					INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					1962
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)					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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			20d. INJURY OCCURRED WHILE AT <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.) Kansas City		20f. CITY, TOWN, OR LOCATION Jackson		COUNTY Jackson STATE Mo	
21. I attended the deceased from Jan 58 to May 12 58 and last saw her alive on May 11 1958 Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE K. L. Shireman, M.D. (Degree or title)			22b. ADDRESS 4606 St John Kansas		22c. DATE SIGNED 5-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 14 1958	23c. NAME OF CEMETERY OR CREMATORY Mt Killard Cemetery		23d. LOCATION (City, town, or county) (State) Marceline Missouri
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 5-13-58	26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

K. L. Shireman

300
1-57

JUL 8 1958

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

Licensed Embalmer No.....

P. O. Address.....

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.