

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022215
STATE FILE NUMBER

11EU JUL 8 1958 Registration District No. 150 Primary Registration District No. 5372 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Rural Prairie</u>		c. CITY OR TOWN <u>Rural - Prairie</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson Co. Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>3 Miles east Lee's Summit</u>	
Length of stay in lb <u>10 1/2 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>E.</u> Last <u>Schorling</u>			4. DATE OF DEATH Month <u>6</u> Day <u>25</u> Year <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-13-1885</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Accounting</u>		11. BIRTHPLACE (City and state or country) <u>Chapman, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Albert D. Schorling</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Kolling</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>494-14-1672A</u>		17. INFORMANT Address <u>Denver, Colo.</u> <u>Richard Schorling, 1773 Roslyn St.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial INFARCTION</u>		
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		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 <u>4:30</u> Month, Day, Year <u>6-1-54</u> 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6-1-54</u> to <u>6-25-58</u> and last saw her/him alive on <u>6-25-58</u>		Death occurred at <u>4:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Levill Wagoner, M.D.</u>		22b. ADDRESS <u>Jackson Co. Hosp</u>		22c. DATE SIGNED <u>6/26/58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>June 28, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Indian Hills Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chapman, Kansas</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>Langsford Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>6-26-1958</u>		26. REGISTRAR'S SIGNATURE <u>N.B. Langsford</u>	
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Lee's Summit, Mo. (Licensed Embalmer's Statement on Reverse Side)

300
1-57
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ALL diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *N. B. Longford*
Licensed Embalmer No. *4962*
P. O. Address *Lee's Summit*

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.