

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032968
STATE FILE NUMBER

OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4358

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Sedgewick</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>Wichita</i> 51508
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Phillips Hotel</i>		Length of stay in 1b <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>1709 W Vassar</i>
3. NAME OF DECEASED (Type or print) First <i>LEON</i> Middle <i>E</i> Last <i>SCHNEIDER</i>			4. DATE OF DEATH Month <i>9</i> Day <i>-11</i> Year <i>-58</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar 13 1895</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Weighing & Inspection</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>	11. BIRTHPLACE (City and state or country) <i>Vinita Okla'</i>
13a. FATHER'S NAME <i>Charles Schneider</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs L E Schneider</i>	
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>708-12-6074</i>	17. INFORMANT <i>Mrs L E Schneider</i> Address <i>Wichita Kans.</i>
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4201</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Wife opposed to autopsy</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.)		
20c. TIME OF INJURY Hour _____ 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 _____, to _____, and last saw her/him alive on _____ 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) <i>Hugh H. Owens</i>		22b. ADDRESS <i>1034 Rio Alto Blvd</i>	22c. DATE SIGNED <i>9-11-58</i>
23a. BURIAL, CREMATION, OR REMOVAL <i>Removal</i>	23b. DATE <i>9-11-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>	23d. LOCATION (City, town, or county) (State) <i>Wichita Kans</i>
24. FUNERAL DIRECTOR <i>Sebbel's KC Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9-12-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

YS JUN 26 1959

AUG 10 1962

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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~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forrest D. Coldenew*

Licensed Embalmer No. *4714*
P. O. Address *K. C. Gma*

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.