

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040183

STATE FILE NUMBER

DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5443

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> 4150 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lakeside Hosp.</b>		Length of stay in 1b <b>1 month</b>	d. STREET ADDRESS (If outside, give location) <b>2347 Willard</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Ulysses S. Schober</b>			4. DATE OF DEATH Month Day Year <b>Nov. 16, 1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 30, 1882</b>	9. AGE (In years birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Landscaper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Landscaping</b>	11. BIRTHPLACE (City and state or country) <b>Hiawatha, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Gotlieb Schober</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Evans</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Pina Schober</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT <b>2347 Willard</b> address <b>K.C.K.</b> <b>Mrs. Pina Schober (Wife)</b>
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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) <b>Acute Renal Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic Nephritis</b>	<b>Not Known</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"/> <b>2</b>

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 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>Nov. 12, 58</b> to <b>Nov. 16, 58</b> and last saw her alive on <b>Nov. 16, 1958</b> Death occurred at <b>8:50 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>16. G. Fawkes M.D.</b>	(Degree or title)	22b. ADDRESS <b>Merriam, Kansas</b> <b>8621 Johnson Dr.</b>	22c. DATE SIGNED <b>11/17/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Nov. 17, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
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24. FUNERAL DIRECTOR <b>Simmons Funeral Home</b>	1404 So. ADDRESS <b>37th K.C.K.</b>	25. DATE RECD. BY LOCAL REG. <b>11-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Heve Marshall</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. A. Fawkes

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 Donald N. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald N. Simmons  
Signature of Student Embalmer

Signed H. Simmons

Licensed Embalmer No. 3903

P. O. Address H.C. 115

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.

