

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044382
STATE FILE NUMBER

92017-58
DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5645

300
-57

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 TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>1229 Marshall</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Infant</u> Middle <u>SCHMIDHAMMER</u> Last <u>SCHMIDHAMMER</u>			4. DATE OF DEATH Month <u>11</u> Day <u>28</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-58</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u>2</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert H Schmidhammer</u>		13b. MOTHER'S MAIDEN NAME <u>Elaine Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>—</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>None</u>	
17. INFORMANT <u>General Hospital KCMO</u>		Address <u>KCMO</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>Premature</u> Conditions, if any, which gave rise to above cause (a), stating the underlying 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) <u>none</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>—</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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.) <u>—</u>	
20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>		STATE <u>—</u>	
21. I attended the deceased from <u>11-24-58</u> to <u>11-24-58</u> and last saw her alive on <u>11-24-58</u> Death occurred at <u>7:20 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>Abraham Gelperin</u>		
22b. ADDRESS <u>24th Cherry</u>		22c. DATE SIGNED <u>11-25-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-28-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Mary's Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kansas City MO</u>		(State) <u>MO</u>		24. FUNERAL DIRECTOR <u>Perseutano Bros KCMO</u>	
25. DATE RECD. BY LOCAL REG. <u>11-29-58</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

All diseases in Part I must be causally related.

Abraham Gelperin, M.D. MEDICAL CERTIFICATION. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.



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 *Leonard Panantzis*

Licensed Embalmer No. *4554*

P. O. Address *J.C.M.S.*

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.