

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001506

STATE FILE NUMBER

79

FILED JAN 28 1959

Registration District No. 199 Primary Registration District No. 1002

Registrar's No.

300  
-57

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 RAYTOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 9358 EAST 69TH TERR.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD LAWRENCE SCHALL			4. DATE OF DEATH Month Day Year January 5, 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH April 25, 1895	9. AGE (In years and birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Louisberg, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lawrence Schall		13b. MOTHER'S MAIDEN NAME Rebecca Rucker		14. NAME OF HUSBAND OR WIFE —		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 510-01-1285	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis with myocardial infarction DUE TO (b) — Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (c) Atherosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4-5					INTERVAL BETWEEN ONSET AND DEATH 4 hours 5 years?	
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.) ITEM 22c CORRECTED BY AFFIDAVIT OF Physician 2-4-59 DER			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6700 58			
20f. CITY, TOWN, OR LOCATION Raytown			COUNTY Jackson		STATE Missouri	
21. I attended the deceased from <u>January 5, 1958</u> to <u>January 5, 1958</u> <del>January 5, 1958</del> <u>5 Jan 58</u> Death occurred at <u>7:20 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Jack M. Davis, M.D.			22b. ADDRESS Raytown Mo		22c. DATE SIGNED 6 Jan 58	
23a. BURIAL, REMOVAL, OR CREMATION (Specify) Burial		23b. DATE 1-8-59	23c. NAME OF CEMETERY OR CREMATORY Paola Cem.		23d. LOCATION (City, town, or county) (State) Paola, Kans.	
24. FUNERAL DIRECTOR Roy Wilson - son			ADDRESS Paola, Mo.	25. DATE RECD. BY LOCAL REG. 1-6-59	26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

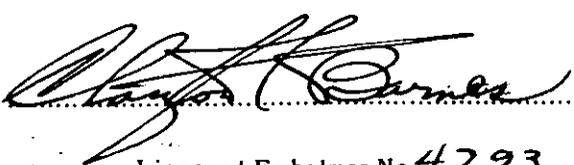
All diseases in Part I must be causally related.

Jack M. Davis

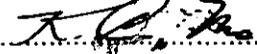
STATEMENT BY LICENSED EMBALMER

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. 4293 .....

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.