

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005866
STATE FILE NUMBER
262

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 262

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 Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 50 years	d. STREET ADDRESS (If outside, give location) 700 1/2 The Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle C. Last SCHAUBLE			4. DATE OF DEATH Month January Day 11 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 3, 1879
9. AGE (In years last birthday) 79	FUNDER 1 YEAR Months 7 Days 19	IF UNDER 24 HRS. Hours 19 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registrar		10b. KIND OF BUSINESS OR INDUSTRY Aero Mechanics School	11. BIRTHPLACE (City and state or country) Canandaigua, New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Bernard Schauble	
13b. MOTHER'S MAIDEN NAME Clara Tutwig		14. NAME OF HUSBAND OR WIFE Edna W. Schauble	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-36-8259	17. INFORMANT R.I. Schauble, 1409 E. 108th, K. C., Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation 3-4 minutes			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Insufficiency several yrs.			4 days
DUE TO (c) Tachycardia + Surgery			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic carcinoma - of colon 4201H			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 1 Month 11 Day 15 Year 1959 a.m. 2:15 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.)		20f. CITY, TOWN, OR LOCATION KANSAS CITY COUNTY JACKSON STATE MISSOURI	
21. I attended the deceased from 1-8-59 to 1/11/59 and last saw ^{her} / _{him} alive on 1/11/59 Death occurred at 2:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James J. Lally (Degree or title)		22b. ADDRESS M.D. 4620 J.C. Nichols Pkwy	
22c. DATE SIGNED 1-12-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 14, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. MORIAM	
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI (State)		24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	
24. FUNERAL DIRECTOR 1331 Brush Creek Blvd.		25. DATE RECD. BY LOCAL REG. 1-15-59	
26. REGISTRAR'S SIGNATURE Reva Marshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Handwritten notes and scribbles in the upper right corner of the page.

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 *Basil Honey*

Licensed Embalmer No. *1724*
P. O. Address *H. B. Honey*

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.