

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013716

FILED MAY 8 1959

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 110

| | | | |
|---|----------------------------------|---|---|
| 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 GREENWOOD | | c. CITY OR TOWN GREENWOOD 7000 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION town | | d. STREET ADDRESS town | |
| 3. NAME OF DECEASED (Type or print) First Louis Middle C. Last Schenk | | 4. DATE OF DEATH Month April Day 29 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 2-16-1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) upholsterer | | 10b. KIND OF BUSINESS OR INDUSTRY Furniture | |
| 11. BIRTHPLACE (City and state or country) Parsons Kan | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Peter Schenk | | 14. NAME OF HUSBAND OR WIFE Mamie Schenk | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 17. INFORMANT Mamie Schenk Address Greenwood 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) Myocardial Infarction | | | INTERVAL BETWEEN ONSET AND DEATH 30 mins. |
| 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) | | | 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 23 April 1959 to 29 April 1959 and last saw her alive on 29 April 1959 Death occurred at 7:00 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) M.D. Durnell M.D. | | 22b. ADDRESS 18 E. 35 St Lee's Summit Mo | |
| 22c. DATE SIGNED 4/29/59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 5/2/59 | |
| 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL Cem | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo. | |
| 24. FUNERAL DIRECTOR FREEMAN MORTUARY | | ADDRESS KANSAS CITY, Mo. | |
| 25. DATE RECD. BY LOCAL REG. 5-1-1959 | | 26. REGISTRAR'S SIGNATURE DB Lutzford | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS
NOV 10 1980

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 *C K Barnes*

Licensed Embalmer No. *4293*
P. O. Address *K C m*

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.