

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021683

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2736 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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 4009 Flora		Length of stay in 1b 14 Yrs.		d. STREET ADDRESS 4009 Flora		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SALLYE Middle H Last SCHAEDLER			4. DATE OF DEATH Month 6 Day 2 Year 1959				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-4-1881	9. AGE (In years at birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	IF UNDER 24 HRS Hours
10a. USUAL OCCUPATION (Give kind of work done or life, even if retired) Housewife		10b. KIND OF BUSINESS OR Domestic		11. BIRTHPLACE (City and state or country) Tipton, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John T. Hirst			13b. MOTHER'S MAIDEN NAME Rhoda E. McClain			14. NAME OF HUSBAND OR WIFE Charles J. Schaedler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, X in war dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address John J. Schaedler 3000 Chippewa K.C		
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						INTERVAL BETWEEN ONSET AND DEATH 45 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Hypertensive Cardio-vascular disease						years	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic glomerular nephritis - 1201						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. Month, Day, Year							
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		COUNTY STATE	
21. I attended the deceased from Jan 19, 1954 to June 3, 1959 and last saw her alive on June 3, 1959 Death occurred at Jan 19, 1954 on the date stated above, and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) Adrain J. Brown M.D.				22b. ADDRESS 4526 Paseo KC 10 Mo		22c. DATE SIGNED 6-3-59	
23a. BURIAL, CREMATION, REMOVAL Removed		23b. DATE 6-4-1959		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Tipton, Missouri	
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc			25. DATE RECD. BY LOCAL REG. 6-3-59		26. REGISTRAR'S SIGNATURE Neva Minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Adrain J. Brown

5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st

Medical Certification

All diseases in Part I must be causally related.

J. Brown
Class
2:00 P.M. Today

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 *Ferris D. Goldsman*

Licensed Embalmer No. *4714*
P. O. Address *R P Mo.*

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.