

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 10 1959

59-025411

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3564 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 55 YRS.	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. JOSEPH'S	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 301 S. QUINCY	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE VIRGINIA SCHMALL			4. DATE OF DEATH Month Day Year JULY 19, 1959		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/8/03	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME THOMAS B. CLARK	13b. MOTHER'S MAIDEN NAME ANGIE MURPHY	14. NAME OF HUSBAND OR WIFE ARTHUR M. SCHMALL	
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. ---	17. INFORMANT ARTHUR M. SCHMALL Address 301 S. QUINCY 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) Pulmonary Embolism Pseudomucinous Cystadenoma of the ovary DUE TO (b) Unknown DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH Dec 8 1958
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) cystadenoma involved the colon and ureter		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.)
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 **Dec 8 1958** to **July 19 1959** and last saw her alive on **July 18 1959**
 Death occurred at **2:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul G. Johnson M.D.	22b. ADDRESS 5111 Lindsey Ave K.C. Mo	22c. DATE SIGNED 7/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/22/59	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS
23d. LOCATION (City, town, or county) KANSAS CITY Mo.		(State)

24. FUNERAL DIRECTOR C.H. BLACKMAN & SON, INC. K.C. Mo.	25. DATE RECD. BY LOCAL REG. 7-22-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION A. G. JOHNSON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Wayne Smith Student Embalmer No. 562

working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.