

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025416

FILED VS JUL 31 1959, 47

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3417

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27th & SPRUCE		Length of stay in hospital <i>non Resident</i> LTD		c. CITY OR TOWN Independence, KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1428 WILLOW		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Charles		Middle Franklin		Last Schwaneke		Month Day Year July 14, 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 11, 1936	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL FORMAN KANSAS CITY METAL CO.		10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY METAL CO.		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CHARLES F. SCHWANEKE			13b. MOTHER'S MAIDEN NAME ISABELLE DONOHO		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES			16. SOCIAL SECURITY NO. 497 34 3828		17. INFORMANT CHARLES F. SCHWANEKE		
					Address 9704 BELLEVIEW		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) fractured skull from I.T.P.							
DUE TO (b) from jaw numerous abrasions							
DUE TO (c)							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) history of hypertension					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) no car collision				
20c. TIME OF INJURY 1:25 a.m. 7-14-59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson		STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wynon Owens-Carmer				(Degree or title)		22b. ADDRESS 1034 Rialto Bldg	
22c. DATE SIGNED 7-14-59		23a. NAME OF CEMETERY OR CREMATORY GREENLAWN		23b. LOCATION (City, town, or county) KANSAS CITY, MO.		(State)	
24. FUNERAL DIRECTOR D.W. Newcomer's Son Inc.		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-15-59		26. REGISTRAR'S SIGNATURE never reached	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Owen Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.