

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959 / 49

59-029308

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4143 STATE FILE NUMBER

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) Kansas City		Length of stay in 1b 4 Mo.		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5900 Swope Parkway				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1300 S. Main			
3. NAME OF DECEASED (Type or print) First Joseph Middle W. Last Schwenk				4. DATE OF DEATH Month Aug. Day 22 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 8/9/82			
				9. AGE (last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____			
						IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheetmetal Contractor			10b. KIND OF BUSINESS OR INDUSTRY Selfemployed		11. BIRTHPLACE (City and state or country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME August Schwenk			13b. MOTHER'S MAIDEN NAME Christine Unknown			14. NAME OF HUSBAND OR WIFE Mrs. Elizabeth A. Schwenk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 497-36-5613		17. INFORMANT Mr. Clifford C. Schwenk			Address 3600 S. Crysler Indep., 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) <u>Cerebrovascular Accident</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Atherosclerosis</u>							years <u> </u>		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 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 <u>2-24-59</u> to <u>8-22-59</u> and last saw him alive on <u>8-18-59</u> Death occurred at <u>1:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Chas. F. Grabske, M.D.</u> Mrs. Grabske & Link Chas. F. Grabske						22b. ADDRESS 10901 Winner, Indep., Mo.		22c. DATE SIGNED 8-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/25/59		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington cemetery		23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons				ADDRESS Indep., Mo.		25. DATE RECD. BY LOCAL REG. 8-25-59		26. REGISTRAR'S SIGNATURE <u>Neve Minshel</u>	

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

Student _____
Signature of Student Embalmer

Signed Wm J. Cantrell

Licensed Embalmer No. 208

P. O. Address Galena, Ind.
Indep. Mo.

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.