

PILED VS OCT 23 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-036397

Registration District No. 149 Primary Registration District No. 6002 STATE FILE NUMBER 4873 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Lukes Hosp.</u>		Length of stay <u>5 years</u>	d. STREET ADDRESS (If outside, give location) <u>7708 Longview Rd.</u>
3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>Frederick</u> Last <u>Schraeder</u>		4. DATE OF DEATH Month <u>October</u> Day <u>7</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 20, 1923</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pilot</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Air Line</u>	11. BIRTHPLACE (City and state or country) <u>Evansville, Indiana</u>
13a. FATHER'S NAME <u>Frederick Schraeder</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET Laubshere</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Schraeder</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. W-W-II</u>		16. SOCIAL SECURITY NO. <u>316-18-7572</u>	17. INFORMANT <u>Virginia Schraeder</u> Address <u>7708 Longview Rd</u>

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>Generalized Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Liver Abscess</u>		
DUE TO (c) <u>(Possibly) amebiasis</u>		
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 checked="" 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.	

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
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21. I attended the deceased from 9/3/59 to 10/7/59 and last saw her alive on 10/7/59
Death occurred at 2:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>4635 Wyandotte</u>	22c. DATE SIGNED <u>10/8/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 9, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 TROOST</u>	25. DATE RECD. BY LOCAL REG. <u>10-9-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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MEDICAL CERTIFICATION

*Dr. Kennard will
come by funeral home.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *R. E. Nichols*

Licensed Embalmer No. *488*

P. O. Address *K. E. K.*

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