URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036398

STATE FILE NUMBER

FILED VS NOV 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5157

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 237 E. 46th
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Edward Middle Last Schuerman

4. DATE OF DEATH: Month 10 Day 24 Year 59

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 12-10-84

9. AGE (last birthday): 74

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): RETIRED MINISTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): GREENVILLE WISCONSIN

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: H. M. SCHUERMAN

13b. MOTHER'S MAIDEN NAME: AMELIA KARCHER

14. NAME OF HUSBAND OR WIFE: HATTIE SCHUERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491 40 9141

17. INFORMANT: CLARA SCHUERMAN Address: 237 EAST 46th ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) EMBOLUS OF THE LEFT CORONARY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) SUBACUTE BACTERIAL ENDOCARDITIS

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Oct 14, 1959, to Oct 24, 1959 and last saw ~~her~~ him alive on Oct 23, 1959

Death occurred at 6 47 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. Gene Petersen, M.D.

22b. ADDRESS: 411 Nichols Road, K.C. Mo

22c. DATE SIGNED: 10-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

23b. DATE: OCT 26, 1959

23c. NAME OF CEMETERY OR CREMATORY: D. W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS ADDRESS: K. C. MO.

25. DATE RECD. BY LOCAL REG.: 10-26-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF A. Gene Petersen

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed L D Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas City

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