URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040362

STATE FILE NUMBER 5696

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

MENDED

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 42 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Trinity Lutheran Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3344 Baltimore — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sylvester Middle Last Schmitz

4. DATE OF DEATH Month Day Year November 23, 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 10-6-1907
9. AGE (last birthday) 52 — 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) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY Toedman Cab Co.
11. BIRTHPLACE (City and state or country) Salina, Kansas
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William F. Schmitz
13b. MOTHER'S MAIDEN NAME Alice Marie Savago
14. NAME OF HUSBAND OR WIFE Lois Marie Schmitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. 2
16. SOCIAL SECURITY NO. 510-07-7939
17. INFORMANT Roger W. Schmitz, Address 11008 E. 54th St. Raytown, 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) Cirrhosis of liver (alcoholic) — INTERVAL BETWEEN ONSET AND DEATH Over 2 Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ with massive hemorrhage
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. ☐ 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 11/6/57, to 11/23/59 and last saw ~~her~~ him alive on 11/23/59
Death occurred at 6:35 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. R. Becker M.D.
22b. ADDRESS 4000 Baltimore Kansas City, Mo.
22c. DATE SIGNED 11/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-27-1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) Kansas City, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar, 20 W. Linwood K. C. Mo.
25. DATE RECD. BY LOCAL REG. 11-25-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. R. Becker

Dr. Becker
4000 Baltimore
2 - 5pm

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_____ Signed Wm H. Lentz
Signature of Student Embalmer

Licensed Embalmer No. 5038

P. O. Address K. C. Mo

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.