

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044316

FILED VS DEC 21 1959 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 5912

5912

STATE FILE NUMBER

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 Mo</u>		Length of stay in 1b <u>17 years</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital) give location HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5901 INDIANA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>-</u> Last <u>Schmid</u>				4. DATE OF DEATH Month <u>12</u> Day <u>7</u> Year <u>1959</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>6-3-1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter Columbia Steel Tank Company</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Queen City Missouri</u>		11. BIRTHPLACE (City and state or country) <u>U S A</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>John Schmid</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Kimbrell</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Schmid</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-12-5845</u>		17. INFORMANT <u>Mrs. Daisy Schmid</u> Address <u>5901 Indiana Avenue Kansas City Missouri</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>Pulmonary Infarction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ 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>April 1857</u> to <u>Dec. 7, '59</u> and last saw ^{her} him alive on <u>Dec. 6, 1959</u> Death occurred at <u>6:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John B. Justus MD.</u> (Degree or title)				22b. ADDRESS <u>4620 Nichols K.C. MO</u>			22c. DATE SIGNED <u>12-7-59</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		23b. DATE <u>12/9/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILL CEM</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>D. W. NEWCOMER'S SONS K. C. MO.</u>				25. DATE RECD. BY LOCAL REG. <u>12-8-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF John B. Justus

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Chester K. Brown

Licensed Embalmer No. 493

P. O. Address K E W

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.