

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002049

FILED VS FEB 9 1960

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 82 STATE FILE NUMBER

INDEXED

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) OR TOWN Independence	Length of stay in 1b 49 yrs.	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 Indep. San. & Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1300 So. Main

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle WILLIAM Last SCHWENK			4. DATE OF DEATH Month February Day 4 Year 1960		
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 6-4-1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Schwenk Sheet Metal Works		11. BIRTHPLACE (City and state or country) Independence, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joseph Wm. Schwenk		13b. MOTHER'S MAIDEN NAME Elizabeth A. Brown	
14. NAME OF HUSBAND OR WIFE Lillian M. Schwenk		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.II U.S. Navy			
16. SOCIAL SECURITY NO. 486-10-5708		17. INFORMANT Address J.W. Schwenk, 1607 Prospect, Kansas City, 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) massive bilateral pulmonary Tuberculosis months with miliary spread		INTERVAL BETWEEN ONSET AND DEATH
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) from benign gastric ulcer - massive hemorrhage - operated 1/31/60		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	
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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 . Month, Day, Year 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 1-26-60 to 2-4-60	COUNTY	STATE
21. I attended the deceased from 1-26-60 to 2-4-60 and last saw him alive on 2-4-60 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Drs. Grabske & Link	22b. ADDRESS 10901 Winner, Indep., Mo.	22c. DATE SIGNED 2-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-6-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Independence, Mo.		23d. LOCATION (City, town, or county) (State) Kansas City 22, Missouri

24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.		25. STATE RECD. BY LOCAL REG. 2-6-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 FEB 10

Dr. [illegible]

APR 11 1960

STATEMENT BY LICENSED EMBALMER

FEB 10

APR 11 1960

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

Student _____
Signature of Student Embalmer

Signed Deen W. Huff

Licensed Embalmer No. 4914
P. O. Address Indy, Mo

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.