

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006547

FILED VS MAR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1158 STATE FILE NUMBER

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 KANSAS CITY	Length of stay in 1b 8 days	c. CITY OR TOWN RAYTOWN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6021 Raytown Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle E. Last SCHAUER			4. DATE OF DEATH Month 2 Day 24 Year 1960		
5. SEX Female	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 12-8-95	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) New Franklin Mo	12. CITIZEN OF WHAT COUNTRY USA.	

13. FATHER'S NAME Geo. W. M. Cullough	13b. MOTHER'S MAIDEN NAME Alice Williams	14. NAME OF HUSBAND OR WIFE Harold F.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-26-5389	17. INFORMANT Harold F. Schauer 6021 Raytown Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia, Bacterial Pneumonia DUE TO (b) Metastatic Adenocarcinoma. DUE TO (c) Undifferentiated Adenocarcinoma, Rt Breast		INTERVAL BETWEEN ONSET AND DEATH Several 4 weeks 1 year
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 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		COUNTY STATE

21. I attended the deceased from 6-11-55 to 2-24-60 and last saw her alive on 2-23-60 Death occurred at 6:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE J. M. Doughty M.D.	22b. ADDRESS 3401 E 12th K.C. Mo	22c. DATE SIGNED 2-24-60
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-26-60	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) K.C. Missouri
24. FUNERAL DIRECTOR Floral Hills Memorial Chapel Inc	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 2-26-60	26. REGISTRAR'S SIGNATURE Neal Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. H. HIGHTON

**STATEMENT BY LICENSED EMBALMER**

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 Forrest D. Caldwell

Licensed Embalmer No. 4714

P. O. Address KCMO.

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