URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006548

FILED VS FEB 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 749 STATE FILE NUMBER

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: 49 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4014 Michigan Avenue — 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) 4014 Michigan Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: BERTHA Middle: M. Last: SCHMIEDESKAMP

4. DATE OF DEATH Month: February Day: 6, Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 17, 1880
9. AGE (last birthday): 79
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Engler
13b. MOTHER'S MAIDEN NAME: Mary Bucklin
14. NAME OF HUSBAND OR WIFE: John F. Schmiedeskamp

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.: 486-01-6296 B
17. INFORMANT: John F.Schmiedeskamp, Address 4014 Michigan, Kansas City, Mo.

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-sclerotic — 4 years
DUE TO (c) heart disease
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. 13, 1956 to Feb. 6, 1960 and last saw her/him alive on Jan 27, 1960
Death occurred at 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth A. Davis (Degree or title) M.D
22b. ADDRESS 2201 Q 102 Theater Bldg Kansas City, Mo
22c. DATE SIGNED 2-8-60

BY AFFIDAVIT OF Kenneth A. Davis

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-9-60
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: FREEMAN MORTUARY, Kansas City, Missouri.
25. DATE RECD. BY LOCAL REG.: 2-8-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

1-4

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_____ Signed J. R. Free[illegible]

Signature of Student Embalmer

Licensed Embalmer No. 29

P. O. Address F. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.