URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011229
STATE FILE NUMBER

FILED VS APR 4 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1616

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in lb: ~~18 yrs.~~ 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TRINITY LUTH HOSP
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: JOHNSON
c. CITY OR TOWN: MISSION
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5404 WEST 58th STREET
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: PAUL AUGUST SCHWERDTFEGER
4. DATE OF DEATH Month / Day / Year: MARCH 15, 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: NOV 11, 1898
9. AGE (last birthday): 61 yrs.
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): SALESMAN K. C. MOBILE HOME TRAILER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ELLINWOOD KANSAS
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: AUGUST E. SCHWERDTFEGER
13b. MOTHER'S MAIDEN NAME: NETTIE RAMON
14. NAME OF HUSBAND OR WIFE: GOLDIE H. SCHWERDTFEGER
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.: 511 16 3708
17. INFORMANT: GOLDIE SCHWERDTFGER Address: 5404 W. 58th TERR

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 - acute — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post-operative - following Resection of aortic (aneurysm)
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 Mar 13 1960 to Mar 15, 1960 and last saw him alive on Mar 15, 1960
Death occurred at 1:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hector W. Benoit Jr. MD
22b. ADDRESS: 4620 Nichols Pkwy
22c. DATE SIGNED: Mar 18, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MARCH 19, 1960
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY MO.
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS MISSION KANSAS
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 3-18-60
26. REGISTRAR'S SIGNATURE: Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Hector W. Benoit Jr. MEDICAL CERTIFICATION

DOCUMENT

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 Albert L Savage

Signature of Student Embalmer

Licensed Embalmer No. 4812

P. O. Address Kansas Ci

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