

IRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

-60-023376
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3038

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 70 yrs.	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Haven Mannor Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3526 Walnut
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Ellen Last Schmitz			4. DATE OF DEATH Month 6 Day 4 Year 60			
5. SEX Fe.	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 2-24-1875	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR 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 Home	11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Finnigan		13b. MOTHER'S MAIDEN NAME Bridget McKenna		14. NAME OF HUSBAND OR WIFE William Schmitz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Clem Bode Cedar Rapids, Iowa			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Gastrointestinal hemorrhage</i>	DUE TO (b) <i>arterio-sclerosis; thromboses; hepatitis</i>	4 hours
DUE TO (c) <i>Cardio-vascular renal disease</i>		sev. years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Deterioration terminal cerebral softening</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>1934</u> to date <u>6-4-60</u> and last saw her alive on <u>9th Dec. 6-4-60</u> Death occurred at <u>9:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>A. Sinclair Jr. M.D.</i>	22b. ADDRESS <i>920 W. 47th St.</i>	22c. DATE SIGNED 6-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-7-1960	23c. NAME OF CEMETERY OR CREMATORY St. Mary's
23d. LOCATION (City, town, or county) Kansas City	STATE Mo.	
24. FUNERAL DIRECTOR A. Melody-McGilley-Eylar	ADDRESS 20 W. Linwood	25. DATE RECD. BY LOCAL REG. <i>June 6, 1960</i>
		26. REGISTRAR'S SIGNATURE <i>Norm Marshall</i>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
B. Sinclair, Jr.

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 _____

W. H. Dentry

Licensed Embalmer No. 5038

P. O. Address K. C. 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.