

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

60-035013

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4600 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>			c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>KCTB HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>711 1/2 W 14th ST</b>			
3. NAME OF DECEASED (Type or print) First <b>RUBY</b> Middle <b>SCHNIEDERS</b> Last <b>SCHNIEDERS</b>			4. DATE OF DEATH Month <b>SEPT</b> Day <b>6</b> Year <b>1960</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-3-07</b>		
9. AGE (last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>1</b> Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done "during most of working life, even if retired") <b>UNKNOWN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>"UNKNOWN"</b>		11. BIRTHPLACE (City and state or country) <b>WARSAW, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Wm. DeMois</b>			13b. MOTHER'S MAIDEN NAME <b>ELLEN ?</b>			14. NAME OF HUSBAND OR WIFE <b>GEORGE SCHNIEDERS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO. <b>"UNKNOWN"</b>		17. INFORMANT <b>RECORDS: KCTB HOSPITAL, K.C., MO.</b> <b>George Schnieders 711 1/2 W 14th</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Tuberculosis</b>							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)						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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>8-8-60</b> to <b>9-6-60</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>9-6-60</b> Death occurred at <b>7:10 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Edward P. Altomare M.D.</b>				22b. ADDRESS <b>KCTB Hospital</b>		22c. DATE SIGNED <b>9-6-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>ANATOMICAL REMOVAL</b>		<b>9-9-60</b>		<b>ANATOMY DEPARTMENT UNIVERSITY OF MISSOURI</b>		<b>COLUMBIA, MISSOURI MO</b>		
24. FUNERAL DIRECTOR ADDRESS <b>WEILERTS: 2332 MONITOR PLACE, K.C., Mo</b>				25. DATE RECD. BY LOCAL REG. <b>9-8-60</b>		26. REGISTRAR'S SIGNATURE <b>H-L. Dwyer</b>		

BY AFFIDAVIT OF DOCUMENT CERTIFICATION Edward P. Altomare

**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 BE Weiler

Licensed Embalmer No. 407

P. O. Address R.C. 8, M

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.