

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

5373-60-038541 STATE FILE NUMBER

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

NDED

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 38 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 609 West 46th Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 609 West 46th Street
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ATLANTA SCHWEITZER			4. DATE OF DEATH Month Day Year October 23, 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 2/26/94	9. AGE (last birthday) 66	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) OMAHA, NEBRASKA	12. CITIZEN OF WHAT COUNTRY U. S. A.	13a. FATHER'S NAME CHARLES W. KALTEIER	13b. MOTHER'S MAIDEN NAME MARIE GREEN	14. NAME OF HUSBAND OR WIFE Mr. Wm. A. Schweitzer
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. 495-05-0532B	17. INFORMANT William A. Schweitzer	Address 609 W. 46TH ST. Kansas City, Mo			

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 Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Had repeated Coronary occlusion episodes + Angina spells previously	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Hypertensive heart disease		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
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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.) none
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none	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.) none
	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 1950 or 51 to 10-23-60 and last saw her <sup>her</sup> alive on 10-22-60  
Death occurred at 12:05 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harvey Jennett M.D.	22b. ADDRESS 1500 Professional Bldg Kansas City, Mo	22c. DATE SIGNED 10/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 25, 1960	23c. NAME OF CEMETERY OR CREMATOR WEST LAWN MAUSOLEUM	23d. LOCATION (City, town, or county) OMAHA NEBRASKA
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO	1331 BRUSH CREEK ADDRESS	25. DATE RECD. BY LOCAL REG. 10-25-60	26. REGISTRAR'S SIGNATURE H.L. Dwyer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Harvey Jennett M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Don Lawler*

Licensed Embalmer No. 4912

P. O. Address KC Mo

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