MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 0 1961

-61-001629

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 167

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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: 30 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hosp — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 814 North Montgall — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First George Middle Clayton Last Schmoyer
4. DATE OF DEATH: Month 1 Day 9 Year 61

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-24-85
9. AGE (last birthday): 75 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Brewery Worker
11. BIRTHPLACE (City and state or country): Armondale Kans
12. CITIZEN OF WHAT COUNTRY: 45 a

13a. FATHER'S NAME: Oscar Schmoyer
13b. MOTHER'S MAIDEN NAME: Amonda Snyder
14. NAME OF HUSBAND OR WIFE: —

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.:
17. INFORMANT: Sidonie DeVolder, Address: 814 No Montgall

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): Carcinoma of the
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pancreas with widespread
DUE TO (c): metastasis

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 12-19-1960, to 1-9-1961 and last saw her/him alive on 1-9-1961
Death occurred at 6 45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Ellis MD
22b. ADDRESS: 2400 Cherry City
22c. DATE SIGNED: 1/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-12-61
23c. NAME OF CEMETERY OR CREMATORY: St Marys
23d. LOCATION (City, town, or county): Kansas City (State): Mo

24. FUNERAL DIRECTOR: Sheil Funeral Home, ADDRESS: K.C. Mo
25. DATE RECD. BY LOCAL REG.: 1-11-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3625

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.