MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013974
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1816

FILED MAY 8 1961

AMENDED

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: 15 min.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mercy — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Montrose — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Janet Middle Marie Last Schussler
4. DATE OF DEATH: Month April Day 10 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 27, 1960
9. AGE (last birthday): 9 mos. — IF UNDER 1 YEAR: Months 9 Days 13 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (City and state or country): Appleton City Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Omer Schussler
13b. MOTHER'S MAIDEN NAME: Rose Ann Lichtenauer
14. NAME OF HUSBAND OR WIFE: Child
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.: Child
17. INFORMANT: Omer Schussler — Address: Montrose, 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): Bronchial Pneumonia, Bilat. — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congenital Septal Defect both Vent. & Aur. — Birth
DUE TO (c): Mongloidism — Birth
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 April 10, 1961, to Apr. 10, 1961 and last saw her alive on April 10, 1961
Death occurred at 10 30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Inch R.D.
22b. ADDRESS: 1710 Independence Ave. K.C., 6, Mo.
22c. DATE SIGNED: 4-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-12-61
23c. NAME OF CEMETERY OR CREMATORY: Germantown Cath.
23d. LOCATION (City, town, or county): Germantown (State) Mo
24. FUNERAL DIRECTOR: Sickman & Dunning — ADDRESS: Clinton Mo.
25. DATE RECD. BY LOCAL REG.: 4-12-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

M. Torabi

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.