

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23673  
3070

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 30 years		d. STREET ADDRESS (If rural, give location) 2224 Poplar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) ALBERT		a. (First)		b. (Middle)		c. (Last) SHURKY		4. DATE OF DEATH (Month) July (Day) 13 (Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 10 1870		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock clerk		10b. KIND OF BUSINESS OR INDUSTRY Jones Store		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A			

13a. FATHER'S NAME Unknown Shurky		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Pearle Shurky	
-----------------------------------	--	-----------------------------------	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No x		16. SOCIAL SECURITY NO. 497 26 6571		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearle Shurky, 2224 Poplar K. C. Mo		ADDRESS	
---	--	-------------------------------------	--	--	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deletation Pulmonary Arterial & Coronary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recent fracture Pelvis DUE TO (c) Pelvis L. anterior (Sheep)				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 173 E9026		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Place Business		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo	
---	--	---	--	--	--

21d. TIME OF INJURY 7-12:50 3: P. m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR fell down Elevator Shaft	
--------------------------------------	--	---	--	--	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:20Am., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens		(Degree or title) Joseph H. Owens, Coroner		23b. ADDRESS 1034 Patton Bldg		23c. DATE SIGNED 7-14-50	
------------------------------	--	--	--	-------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 15 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
--	--	------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 7-14-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILKS FUNERAL HOME, 2315 Littwood K.C. Mo	
----------------------------------	--	--	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Chas E Weeks*

Signed.....  
Student Embalmer

Licensed Embalmer No *2644*

P. O. Address *H. E. 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 this body is not embalmed, fact should be so stated above.