

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23754

Registrar's No. 278

BIRTH NO.		REG. DIST. NO. 3146	PRIMARY REG. DIST. NO. 3026	
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 Independence		c. LENGTH OF STAY (In this place) 8 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0464
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 3237 South Noland Rd.		
3. NAME OF DECEASED a. (First) Jesse (Type or Print)		b. (Middle) Rhea		c. (Last) SHOUP
4. DATE OF DEATH 7 - 7 - 50		5. SEX Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2 - 28 - 1891		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Indep. Laundry		11. BIRTHPLACE (State or foreign country) Larned, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Shoup		13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Berneice Shoup		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 575-24-3640
17. INFORMANT'S SIGNATURE OR NAME Berneice Shoup, 3237 S. Noland, Indep., Mo.		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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH 3 yrs
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from back 1950, to July 7, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 3:50 a.m., from the causes and on the date stated above.				
23a. SIGNATURE J. H. Hickson		23b. ADDRESS Independence Mo		23c. DATE SIGNED July 7 - 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7 - 9 - 50		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
24d. LOCATION (City, town, or county) (State) Independence, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		24f. ADDRESS 1800 E. Linwood, K.C.
DATE REC'D BY LOCAL REG July 8, 1950		REGISTRAR'S SIGNATURE		24g. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. C. Hickerson
1st. Nat. Bank Bldg.

Indep., Mo.

Between 1 & 2 P.M. Fri.

FEB 15 1957

JUL 14 REC'D

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.....

Glenn E. Beck

Signed.....

Student Embalmer

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.