

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27130
Registrar's No. 3426

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>RENO</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUTCHINSON</u> <u>X</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>636 EAST 74th TERRACE</u>		d. STREET ADDRESS (If rural, give location) <u>1115 NORTH MONROE</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) JULIA b. (Middle) (NONE) c. (Last) STEED

4. DATE OF DEATH (Month) (Day) (Year) AUG-10-1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MARCH-12-1887 9. AGE (In years last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (State or foreign country) RENO COUNTY, KANSAS 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME DAVID J. SHUER 13b. MOTHER'S MAIDEN NAME CARRIE STRICKLER 14. NAME OF HUSBAND OR WIFE H. L. STEED

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. NONE 17. INFORMANT'S SIGNATURE OR NAME CARRIE ANN STEED - HUTCHINSON, KAS. 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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis 5 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration 2 wks.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Aug 5, 1950, to Aug. 10, 1950, that I last saw the deceased alive on Aug 10, 1950 and that death occurred at 10:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE John K. Caldwell MD (Degree or title) 23b. ADDRESS Kansas City, Mo. 23c. DATE SIGNED 8/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE AUG-11-1950 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) HUTCHINSON, KANSAS

DATE REC'D BY LOCAL REG. 8-10-50 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcome's Sons ADDRESS 1371 BAWH CREEK BLVD. KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed

John E. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.