

FILED SEP 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3920

3920

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Oklahoma</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oklahoma City, Okla</u>		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1511 Belmont Ave.,</u>				d. STREET ADDRESS (If rural, give location) <u>Unk</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenn</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Shupe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9/14/50</u>	
5. SEX <u>Fem /</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid. 2</u>		8. DATE OF BIRTH <u>5/19/1895</u>	
9. AGE (In years last birthday) <u>55</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Greenleaf, Kans. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Anton Peterson</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Lyle H Shupe, Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. D. G. Resiner, 1511 Belmont K C Mo</u>			
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* <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>depression</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4-5 yrs</u> <u>?</u> <u>593X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Sept 10</u> 19 <u>50</u> , to <u>Sept 14</u> 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 13</u> 19 <u>50</u> , and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURES. <u>J. Spalkowski</u> (Degree or title) <u>D. G. Resiner</u> DO <u>D. G. Resiner</u>				23b. ADDRESS <u>1601 Belmont</u>		23c. DATE SIGNED <u>9/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 5</u>		24b. DATE <u>9/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Okla.</u>	
DATE REC'D BY LOCAL REG. <u>9-14-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil, Kansas City, Mo.</u>			

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 P. Sheel

Licensed Embalmer No. 3625

P. O. Address K C Md

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.