

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30783**

FILED OCT 11 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5369** Registrar's No. **373**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Raytown Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Raytown Missouri</b>	
c. LENGTH OF STAY (in this place) <b>30 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>5505 Ash Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5505 Ash Ave</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mr August</b> b. (Middle) <b>Christian</b> c. (Last) <b>Shirmer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9-- 23-1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>1-20- 1863</b>		9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Millright</b>		11. BIRTHPLACE (State or foreign country) <b>Perryville Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
---	--	---	--	---	--	---	--

13a. FATHER'S NAME <b>Conrad C. Shirmer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Davis Shirmer</b>			
--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-12-2678</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Shirmer 5505 Ash Ave</b>			
---	--	---	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of death unknown</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <b>11</b>		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) (m.)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo C Kealey M.D. Deputy Coroner</b>		(Degree or title)		23b. ADDRESS <b>3447 Peach St SC Mo</b>		23c. DATE SIGNED <b>9-25-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-25-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson County Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept. 24, 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>France-Wornall Funeral Home</b>		ADDRESS	

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

OCT 3 RECO

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Russell N. Lane

Licensed Embalmer No. 4255

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.