

FILED APR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12943

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 552		Registrar's No. 36	
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 Rural Prairie		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County E. Hosp.				d. STREET ADDRESS (If rural, give location) 406 East Walnut			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Mary		b. (Middle) Susan		c. (Last) Shepherd		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 9 1860		9. AGE (In years last birthday) 90		10. MONTHS 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson, Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Williams		13b. MOTHER'S MAIDEN NAME Amanda Gibson		14. NAME OF HUSBAND OR WIFE James -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Rena Ewing (Daughter)			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative lower extremities ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) peripheral vascular disease due to atherosclerosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4501				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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Mar 28, 1951, to April 3, 1951, that I last saw the deceased alive on April 2, 1951 and that death occurred at 7:58 a.m., from the causes and on the date stated above.							
23a. SIGNATURE John C. Kinnis MD				23b. ADDRESS Independence Mo.		23c. DATE SIGNED 6/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5-51		24c. NAME OF CEMETERY OR CREMATORY Blue Springs		24d. LOCATION (City, town, or county) (State) Blue Springs Mo	
DATE REC'D BY LOCAL REG. APRIL 6, 1951		REGISTRAR'S SIGNATURE Annette C. Samoshak		578 25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home - Blue Springs, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

APR 1 9 RECD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed R B Webb

Signed _____
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue springs 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.