

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27179**
3694
Registrar's No.

BIRTH NO. 44933-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson <u>0</u>		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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 82 days		d. STREET ADDRESS (If rural, give location) 2225 Woodland	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		3328 0	

3. NAME OF DECEASED (Type or Print) a. (First) Morris b. (Middle) c. (Last) Shirley			4. DATE OF DEATH (Month) (Day) (Year) 8-27-51		
5. SEX Male <u>2</u>		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <u>0</u>	
8. DATE OF BIRTH 6-6-51		9. AGE (In years last birthday) 82 days		10. IF UNDER 1 YEAR Months 2 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Clarence Shirley		13b. MOTHER'S MAIDEN NAME Annabell Shirley Dawson		14. NAME OF HUSBAND OR WIFE none	
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 ADDRESS Annabell Shirley 2225 Woodland	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple congenital anomalies including intraventricular septal defects.		ANTECEDENT CAUSES			7542
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Vegetative endocarditis, subacute					

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 6-6, 1951, to 8-27, 1951, that I last saw the deceased alive on 8-27, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR Frank Ellis (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 8-28-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 8-29-51		REGISTRAR'S SIGNATURE Thelma Holmea		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fannie S. Meek - Kansas City, Mo.	
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(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 Fannie R. Meek.....

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.