

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16757

State File No. ....

2155

FILED JUN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. \_\_\_\_\_

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>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>3719 PENN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3719 PENN</b>			d. STREET ADDRESS (If rural, give location) <b>3719 PENN</b>		
3. NAME OF DECEASED (Type or Print) <b>LEONARD</b>		a. (First)	b. (Middle)	c. (Last) <b>SHELDRAKE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 8 - 52</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Jan. 24, 1885</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINISTER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ENGLAND</b>	12. CITIZEN OF WHAT COUNTRY? <b>ENGLAND</b>

13a. FATHER'S NAME <b>JOHN SHELDRAKE</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN FELLOW</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. PEARL SHELDRAKE</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>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. PEARL SHELDRAKE - 3719 PENN</b>	

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) <b>Coronary Heart Disease</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) <b>Arteriosclerosis</b>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>4 1/2</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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 **OCT. 11, 1946** to **May 8, 1952**, that I last saw the deceased alive on **May 7, 1952**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. R. Douglas M.D.</b>		(Degree or title)	23b. ADDRESS <b>300 W 47 Kansas City, Mo.</b>		23c. DATE SIGNED <b>5-9-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/10/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>		
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DATE REC'D BY LOCAL REG. <b>5-10-52</b>		REGISTRAR'S SIGNATURE <b>Eraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; MC CLURE KANSAS CITY, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

*KLW. H. Dancy*  
*300 W. 47th St.*  
*Lo 2344*  
*1:00 P.M.*

**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.

Student .....  
Student Embalmer

Signed *Law Clark*  
Licensed Embalmer No. *4216*

P. O. Address *T. 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.