

THE DIVISION OF HEALTH OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No. **37300**

S. No. 300
V. 10.48

4000

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2852**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BALLWIN		c. LENGTH OF STAY (In this place) 6 MON.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WICHITA		8159	
d. FULL NAME OF HOSPITAL OR INSTITUTION MANCHESTER-NURSING HM.		d. STREET ADDRESS (If rural, give location) NIL	

3. NAME OF DECEASED (Type or Print)	a. (First) MILLAGE	b. (Middle) J	c. (Last) SHEARER	4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2-5-1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9 Days 0	IF UNDER 6 MOS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John W. Shearer	13b. MOTHER'S MAIDEN NAME MARIA J. COTTON	14. NAME OF HUSBAND OR WIFE DELLA-SHEARER
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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 DEAN SHEARER-3443 COMMONWEALTH ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c) Senil arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Apr 1952**, to **Nov. 5, 1952**, that I last saw the deceased alive on **Nov. 3, 1952**, and that death occurred at **6 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edt Denny MD	23b. ADDRESS Creve Coeur, Mo	23c. DATE SIGNED 11-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-6-52	24c. NAME OF CEMETERY OR CREMATORY WICHITA-KAS. CEM.	24d. LOCATION (City, town, or county) (State) WICHITA - KANSAS
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DATE REC'D BY LOCAL RES. 11-5-52	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE W. B. SMITH-7456 ADDRESS MANCHESTER-MARLEW
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521 Licensed Embalmer's Statement on Reverse Side

MO.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed AP Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.