

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6289**
1021

FILED, MAR 13 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1021**

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

5

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Helping Hand, Inst.		d. STREET ADDRESS (If rural, give location) Helping Hand Inst.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Paul c. (Last) Shott		4. DATE OF DEATH (Month) (Day) (Year) 2-14-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-15-1899
9. AGE (In years) (Month) (Day) (Year) 53		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Trucker	
11. BIRTHPLACE (City and State or Foreign Country) Trenton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Fred Shott		13b. MOTHER'S MAIDEN NAME Martha Slaver	
14. NAME OF HUSBAND OR WIFE Mrs. Ruth Shott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) U.S.A.	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Shott, Atlanta, Kans.	
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) Cause of death unknown INTERVAL BETWEEN ONSET AND DEATH 4343	
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. Been treated for heart trouble	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Part Rejected	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) suicide	
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 checked="" 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 _____, from the causes and on the date stated above.	
23. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Patton Rd	
23c. DATE SIGNED 2-16-53		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 2-17-53		24c. NAME OF CEMETERY OR CREMATORY Atlanta Cemetery	
24d. LOCATION (City, town, or county) (State) Atlanta, Kans.		25. FUNERAL DIRECTOR'S SIGNATURE H. Tigerman & Sons, K. C. Mo.	
25. DATE REC'D BY LOCAL REG. 2-17-53		REGISTRAR'S SIGNATURE Sheraldine Smith	

MAR 13 1953

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 *V. LeRoy Mooney*

Licensed Embalmer No. *4776*

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.