

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

10085

State File No.

1241

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE , (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>68 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>NORMANBY HOTEL 501 WEST 11TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORMANBY HOTEL 501 WEST 11TH STREET</u>		d. STREET ADDRESS (If rural, give location) <u>NORMANBY HOTEL 501 WEST 11TH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>JOHN</u> c. (Last) <u>SHRIVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 27 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 9 1884</u>		9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIQUOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOHN SHRIVER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MALLON</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ETHEL SHRIVER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-03-8224</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MISS BETTY PAT ROGERS</u>
		ADDRESS <u>501 W. 11TH ST. KANSAS CITY, MO</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF RECTUM</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1547</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Metastasis</u>		
	DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>9-20-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum</u>	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) <u>K.C. MO. Jackson</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-2-52, **1952** to FEB 27 1953, **1953**, that I last saw the deceased alive on 2-27 1953, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. H. Duncan</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>227 Olive St. Jackson</u>	23c. DATE SIGNED <u>2/28/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 2 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ST. MARY'S CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.V. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	

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

0.300
0.48

FILED MAR 19 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 John B. Lewis

Licensed Embalmer No. 9875

P. O. Address. KC 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.