

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25147**

FILED JUL 28 1953

**3428**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** 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) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>75 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2816 Mersington</b>			e. STREET ADDRESS (If rural, give location) <b>2816 Mersington</b>		
3. NAME OF DECEASED (Type or Print) <b>Mattie Shilkirk</b>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <b>July 6, 1953</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 1858</b>	9. AGE (In years last birthday) <b>94</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	13a. FATHER'S NAME <b>Willis Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Tobe Shilkirk</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>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hattie Adams 2816 Mersington</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vasculature</b> <b>Accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <b>331X</b>
19a. DATE OF OPERATION	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION	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 <b>6/22/53</b> to <b>7/6/53</b> that I last saw the deceased alive on <b>7/6/53</b> , and that death occurred at <b>9:45 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>L.S. Daigle</b>			23b. ADDRESS <b>2122 Truman Rd</b>		23c. DATE SIGNED <b>7/8/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/10/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-9-53</b>	REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bros. 18th &amp; Benton</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Laigle*

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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.....  
Signature of Student Embalmer

Signed.....  
*Bruce R. Wathen*

Licensed Embalmer No. *45*

P. O. Address *18 2nd St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.