

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25155**
Registrar's No. **3756**

FILED AUG 13 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

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

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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 57 years	c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		e. STREET ADDRESS (If rural, give location) 3115 E. 24th Terrace	
3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) James c. (Last) Shutts		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 26, 1896
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser	11. BIRTHPLACE (City and State or Foreign Country) Hays, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY Cleaning & Pressing	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jake Shutts		13b. MOTHER'S MAIDEN NAME Nellie Frances Butts	14. NAME OF HUSBAND OR WIFE Mrs. Anna Shutts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.A. Hospital Records, Kansas City, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis and cerebromalacia ANTECEDENT CAUSES Ureteral calculus, left, postoperative 1 month 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.	
19a. DATE OF OPERATION		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. HOW DID INJURY OCCUR?	
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"/>	
22. I hereby certify that I attended the deceased from July 18, 1953 , to July 28, 1953 , and that death occurred at 12:05 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Richard C. Schaffer, M.D.		23b. ADDRESS V.A. Hospital, Kansas City, Mo.	
23c. DATE SIGNED 7-28-53		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 30, 1953	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 7-29-53		REGISTRAR'S SIGNATURE Heraldine Smith	
DATE REC'D BY LOCAL REG. 7-29-53		FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer, Kansas City, Mo.	

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 *Basil Honey*

Licensed Embalmer No. *9472*

P. O. Address *Stuhland*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.**