

No. 300
10.48

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27916

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>R#4 Indep.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sugar Creek</u>	
c. LENGTH OF STAY in this place <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>407 Bassar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>M.</u> c. (Last) <u>Shoate</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 28 '54</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>
7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>10-3-1881</u>
9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired coal miner</u>
11. BIRTHPLACE (State or foreign country) <u>Kansas, Columbus</u>	12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Shoate</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma M. McShaffey</u>	ADDRESS <u>K.C. Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardio vascular thromb</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>general arterio scler.</u>		
	DUE TO (c) <u>Dysenterary</u>		
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 <u>048X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 23 19 54 to Aug 28 19 54, that I last saw the deceased alive on Aug 26, 19 54, and that death occurred at L. L. P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Keith</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>204 Angula</u>	23c. DATE SIGNED <u>8-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wichita Cemetery, Wichita, Kansas</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>8-29-54</u>	REGISTRAR'S SIGNATURE <u>N. B. Longford</u> 483	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>	ADDRESS <u>Indep. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Dean W. Huff*

Licensed Embalmer No. *4954*

P. O. Address *Independence, 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.