

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30829**
4135

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) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>22 yrs</u> | c. CITY OR TOWN <u>KANSAS CITY</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINWOOD NURSING HOME</u> <u>2702 EAST LINWOOD</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DEMOREST</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>SHROYER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 25, 1954</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>MARCH 11, 1866</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>KAN KA KEE County, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Shroyer</u> | | 13b. MOTHER'S MAIDEN NAME <u>JANE WALKER</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>CELIA SHROYER DEC.</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>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS ALICE E. GARRETT</u> ADDRESS <u>SANTA BARBARA, CALIFORNIA</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>450°</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
| 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 <u>8-20-54</u> , 19 <u>54</u> , to <u>8-25-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-25-54</u> , 19 <u>54</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Frank Paul Laureyana MD</u> (Degree or title) | | 23b. ADDRESS <u>428 South White Ave</u> | |
| 23c. DATE SIGNED <u>8-25-54</u> | | | |
| 24. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 28, 1954</u> | |
| 24c. NAME OF CEMETERY OR PLACE OF BURIAL <u>Dresden Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Dresden Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>8-28-54</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEW CODER'S SON'S</u> | | ADDRESS <u>1331 Brush Creek</u> | |

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.....
Signature of Student Embalmer

Signed *Edward M. Stan*.....

Licensed Embalmer No. *442*

P. O. Address *19. C. 110*.....

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.