

37023

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4725

FILED DEC 6 1955
BIRTH NO. 44799-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | 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 <u>1317 Forest</u> | | e. STREET ADDRESS (If rural, give location) <u>1317 Forest</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andre</u> | b. (Middle) <u>Shelby</u> | c. (Last) <u>Shelby</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28, 1955</u> |
|--|---------------------------|-------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------|--|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>5-14-55</u> | 9. AGE (In years last birthday) <u>5-7-10-11</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u> | IF UNDER 24 HRS. Hours <u>14</u> Min. |
|--------------------|-------------------------------|---|---------------------------------|--|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME <u>Versella Shelby</u> | 14. NAME OF HUSBAND OR WIFE <u>none</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>Birth Record, K-C, Mo.</u> | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5</u> <u>79</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>no permission for Autopsy.</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>L. M. Tillman, M.D.</u> | 23b. ADDRESS <u>1618 Lydia Ave</u> | 23c. DATE SIGNED <u>11/2/55</u> |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12-3-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11-3-55</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros.</u> | ADDRESS <u>18th & Benton</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. TillmanNo. 300
10.48

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 P. Watkins

Licensed Embalmer No. *458*

P. O. Address.....
St. Paul

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.