

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16593**
1839

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 4 Weeks		c. CITY OR TOWN Nevada		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 Research Hospital				e. STREET ADDRESS (If rural, give location) 1241 N. Adams				1087	
3. NAME OF DECEASED (Type or Print) a. (First) Otis			b. (Middle) Robert			c. (Last) Sheeks			
4. DATE OF DEATH April 26, 1956			5. SEX <input type="radio"/> Male <input type="radio"/> Female			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Feb 28, 1899			9. AGE (in years last birthday) 57			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant			10b. KIND OF BUSINESS OR INDUSTRY Nevada State Hosp.			11. BIRTHPLACE (City and State or Foreign Country) Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Rufus Perry Sheeks			13b. MOTHER'S MAIDEN NAME Mollie Preston			
14. NAME OF HUSBAND OR WIFE Effie Sheeks			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 489-24-6191			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie Sheeks			17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie Sheeks			ADDRESS 1241 N. Adams, Nevada, 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, aethenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis Acute				INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								580 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. Referred 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) (m.)		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 4-3, 1956 , to 4-26, 1956 , that I last saw the deceased alive on 4-26, 1956 , and that death occurred at 3:40 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Walter Cummins (Degree or title) M.D.				23b. ADDRESS 1612 Prof. Bldg.			23c. DATE SIGNED 4-26-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/26/56		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Nevada Mo.			
DATE REC'D BY LOCAL REG. 4-27-56				REGISTRAR'S SIGNATURE Walter Cummins		25. FUNERAL DIRECTOR'S SIGNATURE Stine & Mc Clure		ADDRESS K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Walter W. Cummings
will be at Research
Emergency Room at 5 P.M.*

APR 8 1957

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 *Eugene L. Kemmer*

Licensed Embalmer No. *463*

P. O. Address *Kansas City*

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.