

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1591

State File No. ....

FILED JAN 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Blue Springs</b>		c. LENGTH OF STAY (in this place) <b>3ys</b>		c. CITY OR TOWN <b>Blue Springs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>901 East Main</b>		e. STREET ADDRESS (If rural, give location) <b>901 East Main</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gary</b>			b. (Middle) <b>Lee</b>			c. (Last) <b>Shenkel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan-8-1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>June-18-1953</b>			9. AGE (In years last birthday) <b>3+</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Blue Springs Mo</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>James Shenkel</b>			13b. MOTHER'S MAIDEN NAME <b>Lna Higgin</b>			14. NAME OF HUSBAND OR WIFE <b>-</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <i>James Shenkel</i>			ADDRESS <i>Blue Springs Mo</i>		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; Respiratory Failure</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Rheumatic Fever: Anemia</b>							
		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						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (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 Jan 6, 1957, to Jan 8, 1957, that I last saw the deceased alive on Jan 8, 1957, and that death occurred at 3:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <i>James H. Via</i>			(Degree or title) <i>DO</i>			23b. ADDRESS <i>Blue Springs Mo</i>			23c. DATE SIGNED <i>1-9-57</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan-10-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b>			24d. LOCATION (City, town, or county) (State) <b>Blue Springs Mo</b>				

DATE REC'D BY LOCAL REG. <b>1-10-1957</b>		REGISTRAR'S SIGNATURE <i>N. B. Laceyford</i>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb Funeral Home Blue Springs Mo</b>			ADDRESS		
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(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 15 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *R. Webb*

Licensed Embalmer No. *231*

P. O. Address *Bla Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1  
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.