

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4992

State File No.

FILED FEB 18 1957

255

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (In this place) 52 yrs | | c. CITY OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General #2 | | e. STREET ADDRESS (If rural, give location) 220 2215 Flora | | | |

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|--|--|-------------|--|----------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Gussie | | b. (Middle) | | c. (Last) Shelby | | 4. DATE OF DEATH (Month) (Day) (Year) January 16, 1957 | |
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|-------------------------|--|----------------------------------|--|---|--|--|--|---|--|----------------------------------|--|---------------------------------|--|
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. | | 8. DATE OF BIRTH July 20, 1865 | | 9. AGE (In years last birthday) (Specify) 91 yrs. | | 10. UNDER 1 YEAR (Months) (Days) | | 11. UNDER 2 HRS. (Hours) (Min.) | |
|-------------------------|--|----------------------------------|--|---|--|--|--|---|--|----------------------------------|--|---------------------------------|--|

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|---|--|--|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? USA | |
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|---|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME Sandy Thomas | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE William Shelby | | | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Reed Room Gen. #2. | | | | 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure | | DUE TO (b) Generalized debilitation | | | | | | 27-40 21 | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) Fractured femur | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |

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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.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo. | |
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|---|--|---|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) Apr. 12-1-57 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? fell at home, in room | |
|---|--|---|--|--|--|

22. I hereby certify that I attended the deceased from **12-6-56**, 19___, to **1-16-57**, 19___, that I last saw the deceased alive on **1-16-57**, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|-------------------|--|---|--|------------------------------------|--|
| 23a. SIGNATURE W. R. Peterson | | (Degree or title) | | 23b. ADDRESS 600 E. 22nd Street | | 23c. DATE SIGNED 1-18-57 | |
|---|--|-------------------|--|---|--|------------------------------------|--|

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|--|--|-----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/21/57 | | 24c. NAME OF CEMETERY OR CREMATORY Highland | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
|--|--|-----------------------------|--|---|--|---|--|

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|--|--|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 1-18-57 | | REGISTRAR'S SIGNATURE neva minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WATKINS BROS. FN. HM. 18th & Benton | | | |
|--|--|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

W. R. Peterson

MAR 13 1957

W. A. 3
9.30
5-8-79

1-5-506

Mc 201545

8560

STATEMENT BY LICENSED EMBALMER

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 R. Watkins*

Licensed Embalmer No. *75-5*

P. O. Address *18th & B*

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.