

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13413

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1411

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Belton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity-Lutheran</b>		Length of stay in 1b <b>1 day</b>	0190 STREET ADDRESS <b>612 B Street</b> (If outside, give location)		Reside on Exam Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Pearl</b> Last <b>Shroyer</b>			4. DATE OF DEATH Month <b>3-</b> Day <b>23-</b> Year <b>57</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 7, 1885</b>	9. AGE (In years last birthday) <b>72</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>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Clay County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John I Sparks</b>			14. MOTHER'S MAIDEN NAME <b>Mary B. Scobee</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495 24 9349</b>	17. INFORMANT <b>Mrs. Charles Nation, Kansas City, Mo</b> Address <b>6629 Forest</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION, ACUTE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>20 HRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY OCCLUSION, ACUTE</b>					<b>20 Hrs.</b>
DUE TO (c) <b>CORONARY ARTERIOSCLEROSIS</b>					<b>2 Yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>NONE</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>NOT INJURY</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>NONE</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY, JACKSON, MISSOURI</b>	
21. I attended the deceased from <b>DEC. 15, 1945</b> to <b>MARCH 23, 1957</b> and last saw her <sup>her</sup> <sub>before</sub> alive on <b>MARCH 23, 1957</b> Death occurred at <b>9:00 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Herbert A. Tracy, MD</b> (Degree or title) <b>6</b>			22b. ADDRESS <b>Belton, Missouri</b>		22c. DATE SIGNED <b>3-25-57</b>
23a. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>		23b. DATE <b>3-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Belton, Missouri</b>
24. FUNERAL DIRECTOR <b>Ed George &amp; Sons Inc. Belton Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>3-26-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minnabell</b>	



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 *Stacy E. Edwards*  
\_\_\_\_\_

Licensed Embalmer No. 49

P. O. Address *Grand...*

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.