

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44889

STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 149

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Warrensburg</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>		Length of stay in lb <b>9 Years</b>	d. STREET ADDRESS (If outside, give location) <b>343 East Market</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Burton</b> Middle <b>Twiss</b> Last <b>Shukers Sr.</b>			4. DATE OF DEATH Month <b>December</b> Day <b>19</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 7, 1897</b>	9. AGE (In years as of birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Piano tuner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Private Practice</b>	11. BIRTHPLACE (City and state or country) <b>Sedan, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles D. Shukers Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Maude Twiss</b>		14. NAME OF HUSBAND OR WIFE <b>Kathryn Evans Shukers</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>486-30-9281</b>	17. INFORMANT Address <b>Mrs. B.T. Shukers, Warrensburg, Mo.</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</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 Minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>					
DUE TO (c) <b>Coronary Artery Atherosclerosis</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>December 1954</b> to <b>Dec. 19, 1957</b> and last saw her alive on <b>12-19-57</b> Death occurred at <b>9:55</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Keith D. Jones, MD</b>			22b. ADDRESS <b>Warrensburg, Mo</b>		22c. DATE SIGNED <b>12-19-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>21 Dec 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
24. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 20, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Savannah Crutchfield</b>		

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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 *John P. Rodgers* .....

Licensed Embalmer No. 4963.....

P. O. Address Warrensburg, Mo.

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.