

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025437

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 002

Registrar's No. 3501

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Herbert Shuey

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		560 CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb. 20 yrs		d. STREET ADDRESS (If outside, give location) 3800 Agnes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Miss Lulu Rhea Darrow				4. DATE OF DEATH Month Day Year July 17 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 13, 1984		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days 73	IF UNDER 24 HRS. Hours Min. 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Davenport, Iowa		12. CITIZEN OF WHAT COUNTRY? u U. S. A.		
13a. FATHER'S NAME Wallace Darrow			13b. MOTHER'S MAIDEN NAME Eva May Crull			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, dates of service) No		16. SOCIAL SECURITY NO. 105-16-1519		17. INFORMANT Address Mrs. W. J. Helman, Sr., 3800 Agnes				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia						INTERVAL BETWEEN ONSET AND DEATH 1 month		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis						6 weeks		
DUE TO (c) Generalized arteriosclerosis						2 years +		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x						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 Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 7-28-57 to 7-17-58 and last saw her/him alive on 7-16-58 Death occurred at 7:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Herbert Shuey (Degree or title) M.D.			22b. ADDRESS 3903 Brooklyn K.C., Mo.		22c. DATE SIGNED 7-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal		23b. DATE 7-19-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or country) (State) Olathe, Kansas			
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home Woodland-Linwood			25. DATE RECD. BY LOCAL REG. 7-18-58	26. REGISTRAR'S SIGNATURE Rava Marshall				

Dr. N. H. Stracy
3903 River Valley



Fri 2 PM-5
WR 4 6493

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 *Melvin Burtan*
Licensed Embalmer No. *4903*
P. O. Address *KC 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.