

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000597

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K.C. North Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City North Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4831 N. Gladstone 1 yr. Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4831 N. Gladstone Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mr. Herbert Maurice Shour			4. DATE OF DEATH Month Day Year 1-7-'59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-25-1901
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Factory Agent	
10b. KIND OF BUSINESS INDUSTRY St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (City and state or country) Chillicothe Mo.		13a. FATHER'S NAME Alva C. Shour	
13b. MOTHER'S MAIDEN NAME Emme Way		14. NAME OF HUSBAND OR WIFE Gladstone Hazel Shour 4831 No. K.C. 16, Mo.	
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. 486-01-2883	
17. INFORMANT Mrs. Hazel Shour		Address 4831 No. Gladstone	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Urteral obstruction			3 mos
DUE TO (c) Carcinoma of the Bladder			16 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Death occurred at Jan 11 1958 to Jan 7 1959 and last saw him alive on Jan 7 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edw. H. Fischer M.D.		22b. ADDRESS 306 E 21st & N.W.C.	
22c. DATE SIGNED 1-8-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-10-59	
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-K.C., Mo.		25. DATE RECD. BY LOCAL REG. 1-10-59	
26. REGISTRAR'S SIGNATURE never Marshall			

MEDICAL CERTIFICATION

Edw. H. Fischer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 *Donald A. Moran*

Licensed Embalmer No. *4250*

P. O. Address *MO 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.