

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025428

FILED VS JUL 27 1959

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3371 STATE FILE NUMBER

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>JACKSON</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>63 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</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>ST. LUKE'S HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3703 PENNSYLVANIA AVENUE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>LARKIN</b> Last <b>SHUMATE</b>				4. DATE OF DEATH Month <b>JULY</b> Day <b>8,</b> Year <b>1959</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>9/16/1873</b>		9. AGE (last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHYSICIAN &amp; SURGEON</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>EAR, EYE, NOSE, &amp; THROAT</b>		11. BIRTHPLACE (City and state or country) <b>WARRENSBURG, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					
13a. FATHER'S NAME <b>MARTIN SHUMATE</b>				13b. MOTHER'S MAIDEN NAME <b>SALINA THOMAS</b>				14. NAME OF HUSBAND OR WIFE <b>GRACE COX SHUMATE</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>492-44-2615</b>		17. INFORMANT <b>3703 PENNSYLVANIA AVENUE</b> <b>MRS GRACE COX SHUMATE-KANSAS CITY, 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>arteriosclerosis of cerebral, coronary and femoral arteries (with stroke)</b> DUE TO (b) <b>3 mo.</b> DUE TO (c) <b>3 mo.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
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.)								
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year													
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.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <b>1939</b> to <b>July 8, 59</b> and last saw him alive on <b>July 8, 1959</b> Death occurred at <b>4:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>M. G. Berry M.D.</b> (Degree or title)?				22b. ADDRESS <b>315 Nichols Rd, Kansas City, Mo</b>				22c. DATE SIGNED <b>July 8, 59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		23b. DATE <b>JULY 10, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>D. W. NEWCOMER'S SONS</b>			23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>						
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS-KANSAS CITY, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>7-9-59</b>		26. REGISTRAR'S SIGNATURE <b>newa minshall</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
M. G. Berry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Basil V. Honey

Licensed Embalmer No. 4724

P. O. Address K. C., 30, 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.