URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032575
STATE FILE NUMBER

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4592

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit - Rural
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Route # 4
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Charles Middle: Martin Last: Shoot

4. DATE OF DEATH Month: September Day: 18 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Married
8. DATE OF BIRTH: 2/25/1874
9. AGE (last birthday): 85
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): Painter- Retired
10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed
11. BIRTHPLACE (City and state or country): Keytesville, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Harrison Shoot
13b. MOTHER'S MAIDEN NAME: Harriett Bash
14. NAME OF HUSBAND OR WIFE: Edith L. Shoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Mrs. Edith L. Shoot Address: Lees Summit Missouri R R #4

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolus. — INTERVAL BETWEEN ONSET AND DEATH: 3.5 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Phlebitis, Foot — 10 days.
DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9/12-59, to 9/18/59 and last saw ~~her~~ him alive on 9/18/59
Death occurred at 7:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. D. Durnell (Degree or title) M.D.
22b. ADDRESS 18 E. 3rd St. Lee's Summit, Mo.
22c. DATE SIGNED 9/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/21/1959
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS 1331 Brush Creek Blvd. Kansas City, Missouri
25. DATE RECD. BY LOCAL REG. 9-21-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. D. Durnell

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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