

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001637

FILED VS JAN 24 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 51

STATE FILE NUMBER

AMENDED

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		Length of stay in 1b 3 DAYS		c. CITY OR TOWN GRANDVIEW		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 120TH CHERRY		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ELLEN Middle WARFIELD Last SHIELDS				4. DATE OF DEATH Month JANUARY Day 4 Year 1961									
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 1-23-1883		9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER				10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (City and state or country) OMAHA, NEBRASKA		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME JAMES HENRY SHIELDS				13b. MOTHER'S MAIDEN NAME EVA LEE HAMMOND				14. NAME OF HUSBAND OR WIFE ----					
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. NONE		17. INFORMANT MATHIAS SHIELDS Address 120TH & CHERRY ST. R.F.D. GRANDVIEW, MO.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Passive Congestion of lung										2 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Hypertrophy of Heart due to overstrain 4 mo			
DUE TO (c) arteriosclerotic heart disease 10 yrs													
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 type="checkbox"/> NO <input checked="" 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 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 about 1954 to 1-4-61 and last saw her alive on 1-4-61 Death occurred at 12:05 P. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Esther E. Lee						22b. ADDRESS 5830 Hall Mission House			22c. DATE SIGNED 1-4-61				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE JAN. 5, 1961		23c. NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEMETERY		23d. LOCATION (City, town, or county) OMAHA		23e. STATE NEBRASKA					
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS				ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 1-5-61		26. REGISTRAR'S SIGNATURE Ruth Long					

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ESTHER E. LEE
SHOULD READ
ITEM NO.

APR 2 1961

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

Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. 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.