

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011915
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2015

FILED APR 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
G. Montgomery, M.D.
MEDICAL CERTIFICATION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>50 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5319 CLEVELAND AVENUE</u>	
3. NAME OF DECEASED (Type or print) <u>MRS. OLIVIA H SHIREMAN</u>		4. DATE OF DEATH <u>MARCH 30 1963</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-28-1895</u>	
9. AGE (last birthday) <u>67 YRS.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u>		11. BIRTHPLACE (City and state or country) <u>HIGGINSVILLE MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		13a. FATHER'S NAME <u>JOHN H. CONZELMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA HUMBERG</u>	
14. NAME OF HUSBAND OR WIFE <u>ARTIE C. SHIREMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHN SHIREMAN, 2232 POPLAR AVENUE</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____ 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, 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>3-16-63</u> to <u>3-30-63</u> and last saw her alive on <u>3-30-63</u> Death occurred at <u>12:05 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>G. Montgomery M.D.</u>		22b. ADDRESS <u>6400 Prospect K.C. Mo</u>		22c. DATE SIGNED <u>4/1/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>April 2, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>KANSAS CITY Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-1-63</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS</u>		ADDRESS <u>1331 BRUSH CREEK Blvd</u>		17. e. MISSOURI (Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 2 1963

W James H. Montgomery
2 3R Research Office Building - 6400 Research Ave
2:00 - 4:00
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- W -
W

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address K.C., 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.