MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016407
STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 3026 Registrar's No. 188

FILED APR 30 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 7005
2 70002
3
4 0
5 1
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9 587.0
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12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence
Length of stay in 1b: 9 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Independence 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: Buckner
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 116 N. Hudson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: James Robert Shropshire
4. DATE OF DEATH Month Day Year: April 22, 1963
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/25/04
9. AGE (last birthday): 44
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): self-employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sibley, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Forest Shropshire
13b. MOTHER'S MAIDEN NAME: Della Davis
14. NAME OF HUSBAND OR WIFE: Estol Shropshire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates): WW II
16. SOCIAL SECURITY NO.: 648
17. INFORMANT: Mrs. Estol Shropshire, Buckner, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute necrotizing pancreatitis & pseudocyst formation
DUE TO (b):
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 2 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Infarcts kidneys & lungs
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 Feb 24, 1963 to Apr 22, 1963 and last saw her/him alive on Apr 22, 1963
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John Richard Green M.D.
22b. ADDRESS: 10901 Winner Rd, Lindep.
22c. DATE SIGNED: 4-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/25/63
23c. NAME OF CEMETERY OR CREMATORY: Buckner Cemetery
23d. LOCATION (City, town, or county) (State): Buckner, Missouri
24. FUNERAL DIRECTOR: Hazel H. Rapperts
ADDRESS: Buckner, Mo.
25. DATE RECD. BY LOCAL REG.: 4-24-63
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1963

MAY 2 1963

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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.

4-22-63