

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050891

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7107

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 17 1964

1. PLACE OF DEATH a. 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>5 DAYS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>RAYTOWN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>5416 STERLING</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>QUEEN</u> Middle <u>E.</u> Last <u>SHULTZ</u>			4. DATE OF DEATH Month <u>DECEMBER</u> Day <u>29</u> Year <u>1963</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>CAUC.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>4-10-1897</u>		9. AGE (last birthday) <u>76 YEARS</u>		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) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>ALBERT BRIZENDINE</u>		
13b. MOTHER'S MAIDEN NAME <u>ALICE CHURCH</u>			14. NAME OF HUSBAND OR WIFE <u>JAMES M. SHULTZ</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>MRS. HELEN PARROTT - 4608 FULLER - INDEP. MO.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Renal failure</u> DUE TO (c) <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 hr</u> <u>5 days</u> <u>3 yrs</u>
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 <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 <u>Jan 1959</u> to <u>Dec 29, 1963</u> and last saw her alive on <u>Dec. 29, 1963</u> Death occurred at <u>Polk Co. Hosp.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Millard B. Young</u>			22b. ADDRESS <u>12007 E 47th KC 33, Mo</u>		22c. DATE SIGNED <u>12/20/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-31-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BROOKING CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>RAYTOWN MISSOURI</u>
24. FUNERAL DIRECTOR <u>MUEHLEBACH</u> ADDRESS <u>6800 TROOST</u>			25. DATE RECD. BY LOCAL REG. <u>12-30-63</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF DOCUMENT
 BY AFFIDAVIT OF Millard B. Young MEDICAL CERTIFICATION
 ITEM NO. SHOULD READ

VS 300	1	3	4	5	6	7	8	10	11	13
Rev. 4/59	270 9/3 X 2		1	2		0	2	9420.1	60-2	

USE BLACK INK OR TYPEWRITER RIBBON

002063

Dr. M. M. ...
12007 E. 37th St.
F.A.S. 7957
11:00 & 12:00
2:00 & 7:00 PM

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 L. ...

Licensed Embalmer No. 5103

P. O. Address ... 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.