THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER 637

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 423 Prairie — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Liberty 600 — Inside Limits Yes X No ☐
d. STREET ADDRESS 423 Prairie (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Mary Middle J. Last McShears

4. DATE OF DEATH Month Jan. Day 17, Year 1957

5. SEX female 2 — 6. COLOR OR RACE negro — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED 2 DIVORCED ☐ — 8. DATE OF BIRTH Nov. 5, 1859 — 9. AGE (In years last birthday) 98 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY home — 11. BIRTHPLACE (City and state or country) Clay Co. Mo. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Al Jacobs — 14. MOTHER'S MAIDEN NAME Sarah (Unknown)

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. none — 17. INFORMANT Address Cora Hunter Liberty, 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) Cerebral Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 8 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arterio-sclerotic cerebro-vascular disease. — 10-15 yrs.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X — 19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 July, 1956 to Jan. 15, 1957 and last saw her alive on 1/14/56
Death occurred at 1:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. O. Schroeder, M.D. — 22b. ADDRESS Liberty, Mo. — 22c. DATE SIGNED 1/18/57

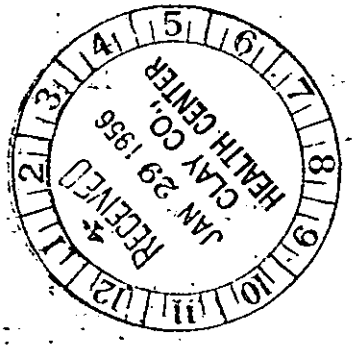
23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 1-21-57 — 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery — 23d. LOCATION (City, town, or county) (State) Liberty, Mo.

24. FUNERAL DIRECTOR ADDRESS Tyler-Pasley Funeral Home Liberty Mo. — 25. DATE RECD. BY LOCAL REG. Jan. 21, 1957 — 26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 43

P. O. Address Liberty

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