

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12675  
1424

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
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, write RURAL and give township) OR TOWN Kansas City, 4		c. LENGTH OF STAY (in this place) 50 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,			
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Ave. Nursing Home 1441 Indep. Ave. K.C. Mo.				d. STREET ADDRESS (If rural, give location) 1441 Indep. Ave.			
3. NAME OF DECEASED (Type or Print) Wilburn		a. (First)		b. (Middle)		c. (Last) Shirley	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 10, 1869	
9. AGE (In years last birthday) 79		10. MONTHS Days		11. BIRTHPLACE (State or foreign country) Topeka, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Topeka, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown Shirley		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Etta R. Shirley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester A. Fowler 819 State K.C. Kans.			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 6 and 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 16, 1949, to March 28, 1949, that I last saw the deceased alive on March 28, 1949, and that death occurred at 10 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Lee Haynes		(Degree or title) D. M. D.		23b. ADDRESS 901 West Park St.		23c. DATE SIGNED 3/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/28/49		24c. NAME OF CEMETERY OR CREMATORY Strautville Cem.		24d. LOCATION (City, town, or county) (State) Topeka, Kansas	
DATE REC'D BY LOCAL REG. 3-29-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Echternacht Funeral Home 1900 Central Ave. K.C. Kansas			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1441/22-6-90  
2002

### 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. 297

working under my personal supervision.

Student Jack Moore  
Student Embalmer

Signed Harold B. Eckert

Licensed Embalmer No. 3035

P. O. Address St. C. Kansas

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 this body is not embalmed, fact should be so stated above.