

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8999**
Registrar's No. **1002**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1002	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. CITY Wyanotte			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural Shawnee		8/50	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) 4619 Eden Street			
3. NAME OF DECEASED (Type or Print) a. (First) ELZER		b. (Middle) M.		c. (Last) SHOCKLEY		4. DATE OF DEATH (Month) (Day) (Year) March 3, 1950	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 7, 1899		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY Wilson & Co.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Hayde Shockley		13b. MOTHER'S MAIDEN NAME Adeline McGinnis		14. NAME OF HUSBAND OR WIFE Thelma Shockley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 570-05-2008	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Shockley				ADDRESS 4619 Eden KC, Ks	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage	ANTECEDENT CAUSES					1 month	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Rupture of intracranial aneurysm					1 month	
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS					4527	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 2-10-50	19b. MAJOR FINDINGS OF OPERATION Intracranial hemorrhage					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) (Min.)	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 Feb 3, 1950 , to March 3, 1950 , that I last saw the deceased alive on March 2, 1950 , and that death occurred at 4:50 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE William P. Williamson M.D.				23b. ADDRESS 411 Alameda St Kansas City, Missouri		23c. DATE SIGNED Mar 3, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-3-50	24c. NAME OF CEMETERY OR CREMATORIUM Maple Hill Cem.		24d. LOCATION (City, town, or county) (State) Unincorporated Kansas City, Ks			
DATE REC'D BY LOCAL REG. 3-3-50	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Ed Paul Moore		ADDRESS Shawnee, Kansas		

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed _____

E. Paul Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee, 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.