

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13256  
Registrar's No. 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6214 E. 16th		d. STREET ADDRESS (If rural, give location) 6214 E. 16th	
3. NAME OF DECEASED (Type or Print) MARY		4. DATE OF DEATH (Month) (Day) (Year) Apr. 26 1950	
a. (First) b. (Middle) BELLE c. (Last) SHOOP			
5. SEX fe /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Mar 13 1886
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	11. BIRTHPLACE (State or foreign country) Dauphin Pa.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George F. Shoop		13b. MOTHER'S MAIDEN NAME Margaret A. North	
14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY 486-05-7500	
17. INFORMANT'S SIGNATURE OR NAME Mrs Noble D. Gilkeson		ADDRESS 6214 E 16th	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma calcem			1/13/50
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E. Intestinal obstruction			
DUE TO (c)			153x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4/13/50		19b. MAJOR FINDINGS OF OPERATION Obstructive carcinoma calcem	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		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)		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 4/29, 1950, to 4/26, 1950, that I last saw the deceased alive on 4/5, 1950 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Lyle D. Willits MD		23b. ADDRESS 1515 Professional Bldg	
23c. DATE SIGNED 4/27/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-1950	
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 4-27-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son, Inc		ADDRESS Kansas City Mo	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed C. M. Joiner

Signed .....  
Student Embalmer

Licensed Embalmer No. 3453

P. O. Address 2825 IND. BLVD.

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.