

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37246**

4740

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 OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 27 YEARS		d. STREET ADDRESS (If rural, give location) 5327 CLEVELAND AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5327 CLEVELAND AVENUE			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) PLEASANT H. SHIREMAN	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 8. 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov-16-1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MT. PULASKI ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES HOUGH	13b. MOTHER'S MAIDEN NAME ELIZABETH HENDRIXSON	14. NAME OF HUSBAND OR WIFE BYRON SPRING SHIREMAN
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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 MRS. CLARENCE PANTONE	ADDRESS 5327 CLEVELAND KANSAS CITY, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		4221	

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? 1
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22. I hereby certify that I attended the deceased from **Feb 15, 1949**, to **Nov 8, 1950**, that I last saw the deceased alive on **Nov 6, 1950**, and that death occurred at **10:50A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank E. Day, D.O.	23b. ADDRESS 4314 E 9th K.C. Mo	23c. DATE SIGNED 11-9-50
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 10 1950	24c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEMETERY	24d. LOCATION (City, town, or county) (State) OTTAWA KANSAS
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DATE REC'D BY LOCAL REG. 11-10-50	REGISTRAR'S SIGNATURE Leraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newman	ADDRESS 1931 BRUSH CREEK KANSAS CITY, MO.
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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

Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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 this body is not embalmed, fact should be so stated above.