

FILED SEP 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. **26416**

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3593**

1. PLACE OF DEATH a. COUNTY Clay 0248		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City North		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City North 0248	
c. LENGTH OF STAY (in this place) 2 25 Yrs.		d. STREET ADDRESS (If rural, give location) Hill Haven Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hill Haven Rd.			

3. NAME OF DECEASED a. (First) Iva b. (Middle) May c. (Last) Shockley			4. DATE OF DEATH (Month) (Day) (Year) August 20 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 3 1884		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Eaton County Michigan	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Wilbur Bursley		13b. MOTHER'S MAIDEN NAME Mary Farrow		14. NAME OF HUSBAND OR WIFE Paul Shockley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. William Crook ADDRESS Houston Texas	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Ser. Bilisio-schemm			INTERVAL BETWEEN ONSET AND DEATH 3 wk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **June 1, 1950**, to **Aug 20, 1951**, that I last saw the deceased alive on **8-20, 1951**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Melvin Langfus M.D. (Degree or title)		23b. ADDRESS 16 Kansas City Mo		23c. DATE SIGNED 8-21-51	
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24a. BURIAL CREMATATION (REMOVAL) (Specify) Burial		24b. DATE 8-23-51		24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.	
				24d. LOCATION (City, town, or county) (State) Liberty, Missouri	

DATE REC'D BY LOCAL REG. 8-22-51		REGISTRAR'S SIGNATURE Geraldine Thomas		25. FUNERAL DIRECTOR'S SIGNATURE W. Newkome ADDRESS Law 7. A. B.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No 3438

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..... *Glen H. Hill*

Signed.....
Student Embalmer

Licensed Embalmer No *4586*

P. O. Address *Roundale, 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.