

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33839

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4266

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) a. STATE Missouri 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 332	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location) 2229 Woodland	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) K.C. T.B. Hospital			

3. NAME OF DECEASED a. (First) Ira b. (Middle) Shelby c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10 4 1951	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (last birthday) Dec 1 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 62 If UNDER 1 YEAR: Months Days If UNDER 10 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Lexington Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Shelby	13b. MOTHER'S MAIDEN NAME Addie Fox	14. NAME OF HUSBAND OR WIFE Elizabeth Shelby	
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. 4-89-24-2946	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Shelby
		ADDRESS 2229 Woodland	

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 00 2 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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)	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 **9-24**, 19**51**, to **10-4**, 19**51**, that I last saw the deceased alive on **10-4**, 19**51**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare	(Degree or title) M.D.	23b. ADDRESS K.C. T.B. Hospital	23c. DATE SIGNED 10-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Funeral	24b. DATE Oct-7-51	24c. NAME OF CEMETERY OR CREMATORY Lexington, Mo.	24d. LOCATION (City, town, or county) (State) Lexington Mo.
DATE REC'D BY LOCAL REG. 10-6-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE West, Oppleton Jones City	

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

[Handwritten Signature]

Student Embalmer No.....

Licensed Embalmer No. 2710

P. O. Address K. C. M. O.

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.