

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33845

State File No. ....

4267

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>27 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6101 The Paseo</u> <u>3815</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>SHRIVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 3 1951</u>
--	--------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 6, 1902</u>	9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
-------------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Waller, Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Runes</u>	11. BIRTHPLACE (State or foreign country) <u>Spickard, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>William A. Huff</u>	13b. MOTHER'S MAIDEN NAME <u>Annette Barnett</u>	14. NAME OF HUSBAND OR WIFE <u>Bryan M. Shriver</u>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No; unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-03-7558</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bryan M. Shriver</u>	ADDRESS <u>6101 Paseo, K.C. Mo.</u>
---	---	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duplex anal fistula</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Quadrant @ surgery</u> <u>Leakage from incision</u>		<u>6 wks</u>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholelithiasis</u> <u>Pancreatic sand @ duodenum</u>		<u>584X</u>

19a. DATE OF OPERATION <u>8-24-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>As in 18.</u>	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 June 1, 1951, to Oct 3, 1951, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 7:58 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Martin J. Mueller</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>934 Angyle Bldg</u>	23c. DATE SIGNED <u>10-4-51</u>
--	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10-6-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmstead</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Newcomer Sons</u>	ADDRESS <u>Kansas City, Mo.</u>
--	---	--	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

934 Chicago

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 Jess T. Deans

Signed.....  
Student Embalmer

Licensed Embalmer No. 445-3

P. O. Address Chicago

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.