

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37574

State File No. 5120

FILED DEC 15 1951

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 Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City	c. LENGTH OF STAY (In this place) 1 WK	c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL, 29th & Flora		d. STREET ADDRESS (If rural, give location) 5215 Cedar Street	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle) L.	c. (Last) SHREWSBURY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1951			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Edward Groom	13b. MOTHER'S MAIDEN NAME Alice Higbee	14. NAME OF HUSBAND OR WIFE Nathaniel Shrewsbury	
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 ADDRESS Mrs. Charles T. Carter, 5215 Cedar, Mission, KS	

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension		years
	DUE TO (c) Arteriosclerosis		years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X
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) m.	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 5, 1951, to Nov 27, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 2:23 m., from the causes and on the date stated above.

23a. SIGNATURE R. A. Murren (Degree or title) R. A. Murren M.D.	23b. ADDRESS 510-12th Walnut St Bldg	23c. DATE SIGNED 11-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/27/51	24c. NAME OF CEMETERY OR CREMATORY Maryville, Mo.
		24d. LOCATION (City, town, or county) (State) Maryville, Mo.

DATE REC'D BY LOCAL REG 11-29-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri	
----------------------------------	--	---	--

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

Dr. R. A. Murray
Chambers Bldg. - Hs 5062

DEC 15 1961

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

John Clark

Signed.....

Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address

Alamo

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.