

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **28289**

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3442**

1. PLACE OF DEATH a. COUNTY Jackson 0		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 301	
c. LENGTH OF STAY (in this place) 14 years		d. STREET ADDRESS (If rural, give location) 4047 Benton Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Miriam b. (Middle) Bessie c. (Last) Shinholtz			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH Sept-1-1908		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) CUMBERLAND MARYLAND U.S.A.	
12. CITIZENRY OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME M. Benjamin DuVahl		13b. MOTHER'S MAIDEN NAME Bessie Grubb		14. NAME OF HUSBAND OR WIFE Robert L. Shinholtz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Robert L. Shinholtz ADDRESS 4047 Benton Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia						Unknown	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Gangrene Gall Bladder				Unknown	
		DUE TO (c) Perforated Duodenum Ulcer				Unknown	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction of Heart Two Days					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		5411					

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 **May 19, 1939**, to **July 29, 1952**; that I last saw the deceased alive on **July 29, 1952**, and that death occurred at **6:22 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold A. Pallett (Degree or title) M.D.		23b. ADDRESS 1132 Prof. Bldg. K.C. Mo.		23c. DATE SIGNED 7/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE July 31, 1952		24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY	
				24d. LOCATION (City, town, or county) (State) CUMBERLAND MARYLAND	

DATE REC'D BY LOCAL REG. 7-31-52		REGISTRAR'S SIGNATURE Seraldine Holmead		25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer's Sons ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1132 Professional Bldg.
W. 1486

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elmer Howard

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.