

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18251**

State File No. **2647**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>	b. COUNTY <u>Jackson</u>	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>17 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>23 W. 58th St. Terrace</u>		d. STREET ADDRESS (If rural, give location) <u>478 23 W. 58th St. Terrace</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>MAMAYEST</u>	b. (Middle) <u>20</u>	c. (Last) <u>SHEEGOG</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 23, 1953</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 9, 1870</u>	<b>9. AGE</b> (In years last birthday) if UNDER 1 YEAR if UNDER 10 HRS. <u>83</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Fayetteville, Arkansas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Samuel Blackwell</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Lipe</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Robert W. Sheegog</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lillian Brooking, K.C.</u>	<b>ADDRESS</b> <u>Missouri</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 weeks</u>  <u>1 yr +</u>  <u>4:20</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Congestive Heart Failure</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis +</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 1, 1952, to May 23, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Arnold V. Arms</u> (Degree or title) <u>MD</u>	<b>23b. ADDRESS</b> <u>4635 Wyandotte, N. City, Mo.</u>	<b>23c. DATE SIGNED</b> <u>May 23, 53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>5/23/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Russellville, Arkansas</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-23-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Berline Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>GATES FUNERAL HOME, K.C. KANSAS</u>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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

*Jimmy S. Huchshorn*

Licensed Embalmer No.

*4092*

P. O. Address

*Missouri, Kans.*

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.