

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18257

State File No.

FILED JUN 3 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1882 Registrar's No. 2506

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Fe Hills- Washington Township		
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			d. STREET ADDRESS (If rural, give location) 211 Porte Cime Pas		
3. NAME OF DECEASED (Type or Print) a. (First) ISABELLE		b. (Middle) WEITZEL	c. (Last) SHOUP	4. DATE OF DEATH (Month) (Day) (Year) 5 13 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 5/23/1868	9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months
					# UNDER 1 YEAR Days
					# UNDER 1 YEAR Hours
					# UNDER 1 YEAR 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 (City and State or Foreign Country) Bloomington, Ill. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sylvester Rockhold		13b. MOTHER'S MAIDEN NAME Margaret Conrad		14. NAME OF HUSBAND OR WIFE Benjamin H. Shoup	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. J. DeFeo, 211 Porte Cime Pas			
MEDICAL CERTIFICATION					
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure				INTERVAL BETWEEN ONSET AND DEATH 5-1-53
	ANTECEDENT CAUSES DUE TO (b) Coronary Disease				One year
	DUE TO (c) + Hypertension				Many years
	II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis				10 "
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4:20				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 March 7, 1953 to 5-13, 1953 , that I last saw the deceased alive on 5-13, 1953 , and that death occurred at 7:58 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE C. H. PARKER (Degree or title) MD			23b. ADDRESS 1103 Grand		23c. DATE SIGNED 5/5/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/53	24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 5-15-53		REGISTRAR'S SIGNATURE Thelma Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.	

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

Mr. Chas. B. Jackson - Prof. Bldg. Vi 3434
Fri. 2:30 - 4:30..

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.