

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21731**
Registrar's No. **2943**

FILED JUL 9 - 1953
BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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 town or township) Kansas City		c. LENGTH OF STAY (In this place) 40 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3334 Harrison		e. STREET ADDRESS (If rural, give location) 3498 3334 Harrison		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MARIE		b. (Middle) C.		c. (Last) SHRIVER	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 5-15-1902		9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Days 11. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) Quincey, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm. R. Rogers		13b. MOTHER'S MAIDEN NAME Louela Rust	
14. NAME OF HUSBAND OR WIFE S. Dean Shriver		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. or unknown) 494-12-9034	
17. INFORMANT'S SIGNATURE OR NAME D. Shriver		ADDRESS 3334 Harrison, K. C., Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Shock + Hemorrhage		II. OTHER SIGNIFICANT CONDITIONS Multiple contusions over body		INTERVAL BETWEEN ONSET AND DEATH 2983	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Disrupted Spleen Lacerated Mesentery		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (Specify) Homicide	
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP Kansas City		21d. COUNTY Jackson	
21e. STATE MO		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21g. HOW DID INJURY OCCUR? Assaulted by another party	
21h. TIME OF INJURY 6-9-53		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Pinalto Bldg.		23c. DATE SIGNED 6-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-13-53		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) Kansas City, Missouri		24e. STATE Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGilley-Eylar	
25. ADDRESS K. C., Mo.		DATE REC'D BY LOCAL REG. 6-11-53		REGISTRAR'S SIGNATURE Geraldine Smith	

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.....
Signature of Student Embalmer

Signed *Melvin Barton*.....

Licensed Embalmer No. *490*

P. O. Address *Ke m*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.