

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25150

3542

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3542	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 2-28			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1st between Delaware & L...				d. STREET ADDRESS (If rural, give location) W. W. WHITE 548 MAIN ST 0			
3. NAME OF DECEASED (Type or Print)		a. (First) EDWARD		b. (Middle) WALLACE		c. (Last) SHORES	
4. DATE OF DEATH		(Month) 7		(Day) 16		(Year) 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNE 9		8. DATE OF BIRTH 7-13-1911		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD WORKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BRISTOL - VA 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME - Shores		13b. MOTHER'S MAIDEN NAME Nellie Mend		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. 316-01-0039		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Coroner's Office Kansas City MO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death unknown				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History Alcoholism				3222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no Post Mortem				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural?		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 _____, 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 (Degree or title)				23b. ADDRESS 1134 Platte Bldg.		23c. DATE SIGNED 7-17-53	
24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE 7-17-1953		24c. NAME OF CEMETERY OR CREMATORY LYNN		24d. LOCATION (City, town, or county) (State) Lynn Indiana	
DATE REC'D BY LOCAL REG. 7-17-53		REGISTRAR'S SIGNATURE Geraldine Smith		FUNERAL DIRECTOR'S SIGNATURE PASSANTINO BROS		ADDRESS KC MO	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

3

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

J. S. Walton

Licensed Embalmer No. 2744

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.