

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25153

State File No. 3775

FILED AUG 13 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3775

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| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (If in this place) Life | | d. STREET ADDRESS (If rural, give location) 2016 Lister | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2016 Lister | | 5238 | |

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|-------------------------------------|--------------------|---------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Jeff T. | b. (Middle) Shroyer | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 7-28-1953 |
|-------------------------------------|--------------------|---------------------|-----------|---|

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|----------|--------------------|--|-----------------------------|--|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12-26-1878 | 9. AGE (In years) (Month) (Day) (Hour) (Min.) 74 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and State or Foreign Country) Waverley Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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| 13a. FATHER'S NAME John Shroyer | 13b. MOTHER'S MAIDEN NAME No data | 14. NAME OF HUSBAND OR WIFE Laura Shroyer wife |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY (If yes, give war or dates of service) 487-10-8310 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Shroyer | ADDRESS 2016 Lister |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic cardiac dis</u> | | 2-3 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) | | 10 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | 4200 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Sept 30, 1952, to July 28, 1953 that I last saw the deceased alive on July 28, 1952, and that death occurred at 7 P. m. from the causes and on the date stated above.

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| 23a. SIGNATURE Carl T. Moore (Degree or title) | 23b. ADDRESS 6425 E. 92nd K.P. 29 | 23c. DATE SIGNED 7-30-53 |
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|--|-------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-31-53 | 24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem. | 24d. LOCATION (City, town, or county) (State) K.C.K. |
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| DATE REC'D BY LOCAL REG. 7-30-53 | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE Simmons | ADDRESS K.C.K. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

H. Simon

Licensed Embalmer No. 3903

P. O. Address KCK

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.