

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43172
State File No.

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5809

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (in this place) <p align="center">70 yrs.</p>		c. CITY OR TOWN <p align="center">Kansas City</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">3214 Bellefontaine</p>				e. STREET ADDRESS (If rural, give location) <p align="center">3214 Bellefontaine</p>									
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">OSCAR</p>			b. (Middle) <p align="center">L.</p>		c. (Last) <p align="center">SHANE</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Dec. 8, 1953</p>						
5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed 2</p>		8. DATE OF BIRTH <p align="center">March 26, 1867</p>		9. AGE (In years last birthday) <p align="center">86</p>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Co-owner (Ret.) K.C. Wiper Co.</p>				10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Wiper Co.</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Indiana /</p>				12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>			
13a. FATHER'S NAME <p align="center">Henry Shane</p>				13b. MOTHER'S MAIDEN NAME <p align="center">Henrietta Nussbaum</p>				14. NAME OF HUSBAND OR WIFE <p align="center">Rose C. Shane</p>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">NO</p>				16. SOCIAL SECURITY NO. <p align="center">—</p>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <p align="center">Miss Amy Rose Shane, 3214 Bellefontaine, KC.MO.</p>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Auriga Pectoris</p> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p align="center">Coronary Arteriosclerosis</p> DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH <p align="center">2 yrs.</p> <p align="center">2 yrs.</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____								4501			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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 <u>Dec</u> , 19 <u>49</u> , to <u>Dec 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>53</u> , and that death occurred at <u>8 p</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <p align="center">M.D.</p>						23b. ADDRESS <p align="center">206 Apple Blvd Kansas City, Mo.</p>			23c. DATE SIGNED <p align="center">12-19-53</p>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">12-11-53</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Rose Hill</p>				24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Missouri</p>					
DATE REC'D BY LOCAL REG. <p align="center">12-10-53</p>		REGISTRAR'S SIGNATURE <p align="center">Heraldine Smith</p>				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <p align="center">STINE & MC CLURE UND. CO. KC.MO.</p>							

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

Rev. Carl Wolf
206 Angyle Bldg.
St. 2713

3 to 6 - office

until 12 today at Memorial

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..... *F. 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 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.