

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1642

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 32

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) OR TOWN Independence	c. LENGTH OF STAY (in this place) 5 MO	c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 910 West Alton		e. STREET ADDRESS (If rural, give location) 916 West Alton	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Douglas c. (Last) Shrout			4. DATE OF DEATH (Month) (Day) (Year) Jan-28-1954		
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 20 1860		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Bath Co Ky	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME David Shrout	13b. MOTHER'S MAIDEN NAME Mary Atichison		14. NAME OF HUSBAND OR WIFE Amy Shrout		
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amy Shrout 916 W Alton Inden Mo			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - transmittic			INTERVAL BETWEEN ONSET AND DEATH 5 days	
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Free against an object fractured rib in left side Pneumonia followed			DUE TO (c) E9039 44	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recessure					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 120
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-25-54 3:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-25, 1954 to 1-28, 1954**, that I last saw the deceased alive on **1-28, 1954**, and that death occurred at **1:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. Allen	23b. ADDRESS First Natl Bank Independence Mo	23c. DATE SIGNED 1-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan-31-54	24c. NAME OF CEMETERY OR CREMATORY Blue Springs	24d. LOCATION (City, town, or county) (State) Blue Springs Mo
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DATE REC'D BY LOCAL REG. Jan 31-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Webb Funeral Home Blue Springs Mo
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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.....
Signature of Student Embalmer

Signed..... *R B Witt*

Licensed Embalmer No. *235*

P. O. Address *B. L. ne spr. 1*

**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.**