

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moore Medical Center</u>		c. CITY OR TOWN <u>Independence</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1522 W. 27th St. Tur 7005</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>J.</u> c. (Last) <u>Care</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1954</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 10, 1903</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Warren A. Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah J. Houser</u>		14. NAME OF HUSBAND OR WIFE <u>Joe E. Case, Sr.</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe E. Case, Sr.</u>				ADDRESS <u>Independence, Missouri</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic fever</u>						<u>unknown</u>	
		DUE TO (c)						<u>416 X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary embolization</u>						<u>Immediate</u>	

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)	
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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 6/16, 1954, to 6/21, 1954, that I last saw the deceased alive on 6/21, 1954, and that death occurred at 3:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alexander Shifrin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3110 Locust Bldg. 701 E. 63rd St. K.C. Mo</u>		23c. DATE SIGNED <u>6/21/54</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>6/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Claywood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-22-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leslie Carson, Indep, Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Lloyd C. Carson*

Licensed Embalmer No. *419*

P. O. Address *.....*

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.