

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19159

State File No.

2767

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No.

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 OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1

STREET ADDRESS (If rural, give location) 3448
114 3005 McGee

3. NAME OF DECEASED
a. (First) Ethel b. (Middle) MAY c. (Last) Shenk

4. DATE OF DEATH (Month) (Day) (Year) 6 18 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3

8. DATE OF BIRTH JULY-13-1895

9. AGE (In years last birthday) 68
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (City and State or Foreign Country) RAY COUNTY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME UNKNOWN WILLIAM

13b. MOTHER'S MAIDEN NAME UNKNOWN HAYDEN

14. NAME OF HUSBAND OR WIFE MILLO SHENK

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. 496-09-3541

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. ZENA KEARNEY 330 EAST 30TH ST. 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix with metastases
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.
INTERVAL BETWEEN ONSET AND DEATH
171X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1954, to June 18, 1954, that I last saw the deceased alive on June 18, 1954, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 6-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 19 1954 24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 6-19-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Proconer's Sons 1331-BRUSH CREEK KANSAS CITY, Mo.

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 *Albert L. Savage*

Licensed Embalmer No. *481*

P. O. Address *Kansas*

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.