FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1288

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 34 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5319 CLEVELAND AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 5319 CLEVELAND AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): ARTIE
b. (Middle): CARLOS
c. (Last): SHIREMAN

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 1, 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 5, 1890
9. AGE (In years last birthday): 64 — 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): OWNER
10b. KIND OF BUSINESS OR INDUSTRY: SHIREMAN ELECTRIC COMPANY
11. BIRTHPLACE (City and State or Foreign Country): OTTAWA, KANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BYRON S. SHIREMAN
13b. MOTHER'S MAIDEN NAME: MARY P. HOUGH
14. NAME OF ~~HUSBAND OR~~ WIFE: OLIVIA H. SHIREMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-36-5212
17. INFORMANT'S SIGNATURE OR NAME: MRS. OLIVIA SHIREMAN-K.C. MISSOURI — ADDRESS: 5319 CLEVELAND

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia, bilateral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extensive metastatic carcinoma of liver, spleen, lung, lymph node
DUE TO (c) Primary bronchiogenic carcinoma, upper lobe, metastatic carcinoma of spinal cord, left lung level of cauda equina.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
162X
20. AUTOPSY? YES [X] 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* at autopsy *19__, to* ~~Jan 0, 19__~~, *that I last saw the deceased alive on _____, 19__, and that death occurred at* 7:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE John E. Johnson (Degree or title): John E. Johnson MD
23b. ADDRESS: Research Hospital
23c. DATE SIGNED: 1-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 4. 1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~: GREEN LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 1-4-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D. W. Newcomer's Sons - KANSAS CITY, MISSOURI 1331 BRUSH CREEK

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 469

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.