

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5085

State File No.

444

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) (township) <u>3 MONTHS</u>		c. CITY OR TOWN <u>Parkville</u>		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 <u>General Hospital No. 1</u>				STREET ADDRESS (If rural, give location) <u>703 West 0830</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frankie</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Shurr</u>			
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>28</u>		(Year) <u>1955</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>7-7-1874</u>		9. AGE (in years last birthday) <u>82-80</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR PARKVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>SAM BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH M. CONNELL</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM E. SHURR</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GEORGE CROSKY 1311 MAIN ST. PARKVILLE MO</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Encephalomalacia</u>									
ANTECEDENT CAUSES				DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>332X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Nov. 25, 1955</u> , to <u>Jan. 28, 1955</u> , that I last saw the deceased alive on <u>Jan. 28, 1955</u> , and that death occurred at <u>12:43A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>B.I. Burns, M.D.</u>				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>1-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN. 31, 1955</u>		24c. NAME OF CEMETERY OR GREGATORY <u>LINN CREEK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>1-31-55</u>		REGISTRAR'S SIGNATURE <u>W. H. Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomb</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>			

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward M. Ste...*

Licensed Embalmer No. *44*

P. O. Address *K. 2, 10*

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.