

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5306**

No. 300  
10.48

FILED MAR 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena Rural Garden</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rest-A-While Area 8150 8</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Blanche</b>	b. (Middle) <b>Greenwood</b>	c. (Last) <b>Shira</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Feb. 22, 1955</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 8, 1861</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 100 Hrs. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Farley, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Garner</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Curry</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Albert Shira</b>	ADDRESS <b>Birmingham, Michigan</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 2/20, 1955, to 2/22, 1955, that I last saw the deceased alive on 2/22, 1955, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>As Davis 138 MD</b> (Degree or title)	23b. ADDRESS <b>Galena Ks.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/23/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lowell</b>	24d. LOCATION (City, town, or county) (State) <b>Cherokee County Kansas</b>
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DATE REC'D BY LOCAL REG. <b>2-24-55</b>	REGISTRAR'S SIGNATURE <b>Ed S. Garner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm E. Pate</b>	ADDRESS <b>Galena, Kansas</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 5-3-135  
Date Filed MAR 1 - 1955

MAR 16 1955

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Jobe Ave

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 this body is not embalmed, fact should be so stated above.