

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33532

State File No. \_\_\_\_\_

4306

FILED OCT 25 1955

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 town) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>21 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</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>3244 JACKSON AVENUE</u>		5. STREET ADDRESS (If rural, give location) <u>3244 JACKSON AVENUE</u>	

3. NAME OF DECEASED a. (First) <u>EDITH</u> b. (Middle) <u>RACHEL</u> c. (Last) <u>SHOUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER-6-1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG-9-1899</u>	9. AGE (To years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____
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>ADAIR COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>C. T. WOODS</u>	13b. MOTHER'S MAIDEN NAME <u>EDITH WILSON</u>	14. NAME OF HUSBAND OR WIFE <u>ERNEST SHOUSE</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 <u>ERNEST SHOUSE</u> ADDRESS <u>3244 JACKSON AVE KANSAS CITY 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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma of Uterus</u>		<u>3 yr</u>
DUE TO (c) <input checked="" type="checkbox"/>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1747</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <u>7:15 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from July, 16, 1954, to October, 6, 1955, that I last saw the deceased alive on 10-4-1955, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>V. W. Harned, D.O.</u> (Degree or title)	23b. ADDRESS <u>402 Wirthman Bldg</u>	23c. DATE SIGNED <u>10-6-55</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT-7-1955</u>	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) <u>LA PLATA MISSOURI</u> (State) _____	24e. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer's Sons</u> ADDRESS <u>1331 BASH COOK KANSAS CITY, MO.</u>	

DATE REC'D BY LOCAL REG. <u>10-7-55</u>	REGISTRAR'S SIGNATURE <u>new menshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer's Sons</u> ADDRESS <u>1331 BASH COOK KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD V. W. Harned

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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 *Albert L. Savage*.....

Licensed Embalmer No. *48*

P. O. Address *Honolulu*

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.