

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33597**
4246

BIRTH NO. 88584-55		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		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. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Livesay		d. STREET ADDRESS (If rural, give location) 7001	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Clinic				X			
3. NAME OF DECEASED (Type or Print) a. (First) Sheila b. (Middle) Gayleen c. (Last) Venable			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1955				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) none (Infant)	8. DATE OF BIRTH Sept. 28, 1955		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 3	IF UNDER 2 HRS. Hours 0 Mins. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wilbur Venable, Jr.		13b. MOTHER'S MAIDEN NAME Wilma Butler		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbur Venable, Jr., Livesay, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Abnormalities of Europe 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. Pneumonia						INTERVAL BETWEEN ONSET AND DEATH Birth 7620
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) (Min.)		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 Sept 28, 1955 , to Oct 1, 1955 , that I last saw the deceased alive on Oct 1, 1955 , and that death occurred at 7:45A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Samuel J. Salman M.D.				23b. ADDRESS 509 Scout Bldg K (2)		23c. DATE SIGNED 10-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/3/55	24c. NAME OF CEMETERY OR CREMATORY Buckner, Cemetery		24d. LOCATION (City, town, or county) (State) Buckner, Mo.			
DATE REC'D BY LOCAL REG. 10-3-55		REGISTRAR'S SIGNATURE Mary Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Geo. E. Carson		ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Samuel J. Salman, D.O.

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

Student Embalmer

Signed _____

Tom D. Marblan

Licensed Embalmer No. 4592

P. O. Address Indep Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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