

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5109

State File No. ....

549

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1606 Paseo</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Queen Of The World Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b> b. (Middle) <b>M.</b> c. (Last) <b>Shelton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 5 56</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 13, 1899</b>	9. AGE (In years last birthday) <b>56 1/2 yrs.</b>	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager Apt.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Apt. Bldg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Harrisonville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>William Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Sophie Gideon</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph E. Shelton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>487-10-8377</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph E. Shelton</b> ADDRESS <b>1606 Paseo</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adams-Stroke attack (ventricular aneurysm)</b>		<b>few minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Complete heart block</b> DUE TO (c) <b>Arteriosclerotic heart disease</b>		<b>about 1 day</b> <b>many years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Congestive heart failure</b>		<b>1 month</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>42000</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 **20 Dec**, 19**55**, to **5 Feb**, 19**56** that I last saw the deceased alive on **4 Feb**, 19**56** and that death occurred at **10:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. Lieberman Jr.</b>	23b. ADDRESS <b>MD 1103 Grand Ave</b>	23c. DATE SIGNED <b>6 Feb 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/8/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-6-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leola Davis Funeral Home</b> ADDRESS <b>4425 E. Truman Rd., K. C. Mo.</b>
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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 *Landis H. Jackson*

Licensed Embalmer No. *4850*

P. O. Address *J. B. ...*

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.