

FILED FEB 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5314

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 64

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u> (Blue)  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY OR TOWN <u>Kansas City</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>26 yrs</u>   |  | e. STREET ADDRESS (If rural, give location) <u>547 Evanston</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>  |  |   |  |

|                                     |                          |                           |                               |   |
|-------------------------------------|--------------------------|---------------------------|-------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Warren</u> | b. (Middle) <u>Harper</u> | c. (Last) <u>Smith Shoush</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1956</u> |
|-------------------------------------|--------------------------|---------------------------|-------------------------------|---|

|  |                               |   |                                       |   |   |   |
|--|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Mar. 21, 1898</u> | 9. AGE (In years last birthday) <u>57</u>                             | If UNDER 1 YEAR Months _____ Days _____ | If UNDER 4 HRS. Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>                |                                       | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>Francis M. Shoush</u> | 13b. MOTHER'S MAIDEN NAME <u>Ester E. Rombough</u> | 14. NAME OF HUSBAND OR WIFE <u>Alma Shoush (deceased)</u> |
|---|--|---|

|  |  |   |                                  |
|--|--|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u> | 16. SOCIAL SECURITY NO. <u>486 01 0051</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret A. Edwards</u> | ADDRESS <u>Independence, Mo.</u> |
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|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 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) (m.)    | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                      |  |
|---|--------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Dorothy A. Quinn Corner</u> | 23b. ADDRESS <u>1034 Bialto Bldg</u> | 23c. DATE SIGNED <u>2-10-56</u>                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>         | 24b. DATE <u>FEB. 11, 1956</u>       | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>                 |
|   |                                      | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u> |

|   |  |   |                                  |
|---|--|---|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>2-11-56</u> | REGISTRAR'S SIGNATURE <u>James Key</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Job. Carson</u> | ADDRESS <u>Independence, Mo.</u> |
|---|--|---|----------------------------------|

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

MAR 1 1956

**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.....  
*Tom D. Marbland*

Licensed Embalmer No.....  
459

P. O. Address.....  
Indep

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.