

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23071

FILED AUG 15 1956

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>114</u>	
1. PLACE OF DEATH <u>Memorial Hospital</u> a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MO</u> b. COUNTY <u>Cass</u> , admission).			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville Mo</u>		c. LENGTH OF STAY (in this place) <u>2 da</u>		c. CITY OR TOWN <u>Cleveland mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3 mi South East.</u> 0190			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u> b. (Middle) <u>ARMENTA</u> c. (Last) <u>SHIVELY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 - 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 10 - 1867</u>		9. AGE (In years last birthday) <u>89</u>	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)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		BIRTHPLACE (City and State or Foreign Country) <u>McArthur Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nicholas Karno</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louisa Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>John Wesley Shively</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>Mrs R N Duncan</u> ADDRESS <u>Cleveland</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BILATERAL BRONCHOPNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY CONGESTION & EDEMA</u> DUE TO (c) <u>GENERAL DEBILITY</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>OSTEOARTHRITIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u> <u>14 DAYS</u> <u>2 mos</u> <u>20 YRS</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>522X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>8-6-56</u> , 19 <u>56</u> , to <u>8-7-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-7-56</u> , and that death occurred at <u>8:00Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J C Moody</u> (Degree of title) <u>MD</u>				23b. ADDRESS <u>HARRISONVILLE Mo.</u>		23c. DATE SIGNED <u>8-7-56</u>	
24a. SPECIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 9, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery Fayetteville Ark</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Aug 10, 1956</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Myers Cleveland mo</u> ADDRESS _____			

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

907 26 1958

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 *George Meyer*

Licensed Embalmer No. *251*

P. O. Address *Cleveland*

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.