THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1958

STATE FILE NUMBER 58-005455 765

Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Northeast Restorium — Length of stay in 1b: 50 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5915 Kensington — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Last: Day

4. DATE OF DEATH: Month Day Year: Feb. 12, 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: July 23, 1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): Clarksdale, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Shrewsbury

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Lawrence Day Dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495-05-2691

17. INFORMANT: D Virgil Day Address: 7912 Cambridge Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 48 h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): H281
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.

21. I attended the deceased from Jan 1956, to Feb. 12, 1958 and last saw her alive on Feb. 11, 1958
Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B L Sherman (Degree or title) MD — **22b. ADDRESS** 4606 St John KC Mo — **22c. DATE SIGNED** 2-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: Feb. 15, 1958 — **23c. NAME OF CEMETERY OR CREMATORY**: Forest Hill — **23d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure Und. Co. KC, Mo. — **25. DATE RECD. BY LOCAL REG.**: 2-13-58 — **26. REGISTRAR'S SIGNATURE**: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

K. L. Shireman

DE 14111 Lake E
1:00 . 6:00 P.M. Wed.
4415 [illegible]
Ch 1-8222
St Marys

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 ..... Signed William M. Turner
Signature of Student Embalmer

Licensed Embalmer No. 4648
P. O. Address Kansas City, Mo

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.