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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1958

58-005847
STATE FILE NUMBER 590

Registration District No. 149 Primary Registration District 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 Mo b. COUNTY Jackson 3068
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5000 Raytown Rd — Length of stay in 1b 4 yrs	d. STREET ADDRESS (If outside, give location) 5000 Raytown Rd — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First HELEN	Middle T	Last SHOTTENKIRK	4. DATE OF DEATH Month Day Year 2/3/58
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 1/18/1907
9. AGE (In years last birthday) 51	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) Beatrice, Nebr.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ira Fern	13b. MOTHER'S MAIDEN NAME Ida B Nidegger	14. NAME OF HUSBAND OR WIFE Ira Thompson Shottenkirk	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 507-38-5458	17. INFORMANT Address Mr. Ira T. Shottenkirk, 5000 Raytown Rd	

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) Generalized Carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Primary carcinoma undetermined

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

199.00

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 [X] NO [ ]

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 COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]	22b. ADDRESS 6622 Prospect 15 Ave	22c. DATE SIGNED 2-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/4/58	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) Grand Island, Nebr.
24. FUNERAL DIRECTOR ADDRESS Sheil Colonial Funeral Home, 47 & Blue Ridge	25. DATE RECD. BY LOCAL REG. 2-4-58	26. REGISTRAR'S SIGNATURE neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

George C. Kealhofer

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 John P Shiel

Licensed Embalmer No. 362 S

P. O. Address K C 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.