

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029259

STATE FILE NUMBER

3954

REGISTRATION DISTRICT No. 149 PRIMARY REGISTRATION DISTRICT No. 1002 REGISTRAR'S No. 3954

SEP 5 1958

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center Length of stay in 1b 36 yrs. d. STREET ADDRESS (If outside, give location) 7310 Wayne Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Audrey Middle D. Last Shields 4. DATE OF DEATH Month 8 Day 14 Year 58

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 12-20-95 9. AGE (In years last birthday) 62 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 ----- 11. BIRTHPLACE (City and state, or country) KINSLEY, KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOE WATSON 13b. MOTHER'S MAIDEN NAME LILLY DE PURE 14. NAME OF HUSBAND OR WIFE JOHN SHIELDS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 497-26-5901 17. INFORMANT ALBERT SHIELDS Address 2310 WAYNE AVENUE KANSAS CITY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Recent posterio myocardial infarction.
DUE TO (b) Recent thrombosis of right coronary artery.
DUE TO (c) Atherosclerosis of the coronary arteries
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus

19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a.m. p.m.

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 8-12-58 to 8-14-58 and last saw her alive on 8-14-58
Death occurred at 9:15 AM at 6:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy, or title) Braham J. Geha MO 22b. ADDRESS 751 E 63rd 22c. DATE SIGNED 8/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE AUG-16-1958 23c. NAME OF CEMETERY OR-CREMATORY KINSLEY CEMETERY 23d. LOCATION (City, town, or county) (State) KINSLEY KANSAS

24. FUNERAL DIRECTOR D.W. NEW COMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 8-16-58 26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2
1

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 *Shirley A. Atkinson*

Licensed Embalmer No. *3035*
P. O. Address *622*

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.