

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036615

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4668

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		d. STREET ADDRESS <b>9801 Mercier</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Fred</b> Last <b>Shouse</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>2,</b> Year <b>1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-28-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Int. decorator</b>		11. BIRTHPLACE (City and state or country) <b>Milo, Missouri</b>	
13a. FATHER'S NAME <b>Thomas J. Shouse</b>		13b. MOTHER'S MAIDEN NAME <b>Mary De Witt</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>553-10-1348</b>	
17. INFORMANT <b>Lucy Pearl Shouse</b>		Address <b>9801 Mercier</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
DUE TO (b) <b>Prob. arteriosclerosis of coronary artery</b>			<b>?</b>
DUE TO (c) <b>duodenal ulcer with pain</b>			<b>4201</b>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>9-27 -58</b> to <b>10-2-58</b> and last saw her alive on <b>10-2-58</b> Death occurred at <b>9:30P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John A. Griffith, M.D.</i>		22b. ADDRESS <b>315 Metcalf Rd. Kansas City, Mo.</b>	
22c. DATE SIGNED <b>10-2-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>10-5-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit</b>		23d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Mo.</b>	
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>10-3-58</b>	
ADDRESS <b>Lee's Summit, Mo.</b>		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
John A. Griffith, Jr. M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *N. B. Langstaff*

Licensed Embalmer No. 496

P. O. Address *Lee's*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.