

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013538

FILED MAY 13 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2041 Registrar's No.

300
-57

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) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5112 Woodland		Length of stay in lb 36 years.	d. STREET ADDRESS (If outside, give location) 5112 Woodland. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ANNA Ester Sheeder			4. DATE OF DEATH Month Day Year April 22, 1959		
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1882 MARCH 28, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Power + light	11. BIRTHPLACE (City and state or country) Bradford Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Issac Vinick		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Fred Sheeder	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 487-010345	17. INFORMANT George V. Potter	Address 5112 Woodland
---	--	--	---------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Myocarditis DUE TO (b) Arterio Sclerosis DUE TO (c) Malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2ms		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.) no
20c. TIME OF INJURY Hour a.m. : : p.m. : : no	ITEM 3, 8, 9 CORRECTED BY: 1. AFFIDAVIT OF Informant 2. DOCUMENT Election Records

20d. INJURY OCCURRED WHILE AT WORK <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.) no	20f. CITY, TOWN, OR LOCATION no	COUNTY no	STATE no
21. I attended the deceased from Feb 1, 1959 to 4/22/59 and last saw her/him alive on 4/22/59 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) M. B. Casbolt M.D.	22b. ADDRESS 76 - C 40 4000 Baltimore	22c. DATE SIGNED 4/23/59
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) Kansas City, Missouri
--	------------------------------------	--	---

24. FUNERAL DIRECTOR Muehledach	ADDRESS 6800 Troost	25. DATE RECD. BY LOCAL REG. 4.23.59	26. REGISTRAR'S SIGNATURE new minshall
---	-------------------------------	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. B. Casbolt

MEDICAL CERTIFICATION

Dr. Casebolt

40th Baltimore

9901 Bellview

12

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 R. E. Nichol

Licensed Embalmer No. 9997
P. O. Address K. E. [unclear]

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.