

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017941

STATE FILE NUMBER

2496

JUN 9 1959 Registration District No. 149 Primary Registration District No. 1000 Registrar's No.

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>Gen. Hospital</b>		d. STREET ADDRESS <b>1640 Washington</b>	
Length of stay in lb <b>45 YRS.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Claudie</b> Middle Last <b>Shockey</b>			4. DATE OF DEATH Month <b>5</b> Day <b>18</b> Year <b>59</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 16, 1890</b>	9. AGE (In years) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>TUSCALOOSA ALA.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>UNKNOWN WEBB</b>	13b. MOTHER'S MAIDEN NAME <b>AMELIA HALL</b>	14. NAME OF HUSBAND OR WIFE <b>THOMAS SHOCKEY</b>
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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>495 01 2051 A</b>	17. INFORMANT <b>ROY NOONER 14 18 SHAWNEE LEAVENWORTH KA.</b>
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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>Intestinal obstruction secondary to possible intestinal carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Marked dehydration and malnutrition</b>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>2</b>

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.) <b>1539</b>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	

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.)	20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b>	COUNTY <b>MO.</b>	STATE
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21. I attended the deceased from **5-18-59** to **5-18-59** and last saw **her** alive on **5-18-59**  
Death occurred at **2:50 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Abraham Gelpert</i> (Degree or title) <b>0</b>	22b. ADDRESS <b>General Hospital</b>	22c. DATE SIGNED <b>5-19-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 20 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>
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24. FUNERAL DIRECTOR <i>W.W. McDomey, Jr.</i>	ADDRESS <b>K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-19-59</b>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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Abraham Gelpert USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Albert L. Savage* .....

Licensed Embalmer No. *4812* .....

P. O. Address *Kansas City* .....

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.