

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021695

STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3107

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-57

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City		d. STREET ADDRESS 705 E. 23rd St.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Gen. Hospital				d. STREET ADDRESS (If outside, give location) 705 E. 23rd St.			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Floyd		Middle ERNEST		Last Shields		Month Day Year 6 23 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOV. 20, 1911		9. AGE (In years, Months, Days) 47 7 2	
10a. MALE OCCUPATION (Give kind of work done during past 12 months) LANDSCAPE GARDENER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) PLEASANT HILL, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ERNEST SHIELDS			13b. MOTHER'S MAIDEN NAME ETHEL MITCHELL			14. NAME OF HUSBAND OR WIFE DOROTHY 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. 493 12 3578		17. INFORMANT DOROTHY SHIELDS 620 BROOKLYN K. C. MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arterio-Sclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
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.) 4200				
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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		COUNTY STATE		
21. I attended the deceased from 6-22-59 to 6-23-59 and last saw him alive on 6-23-59 Death occurred at 12:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Abraham Gelpert				22b. ADDRESS General Hospital		22c. DATE SIGNED 6-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		JUNE 26, 1959		MEMORIAL PARK CEM		KANSAS CITY, MO.	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS				25. DATE RECD. BY LOCAL REG. K. C. MO. 6-25-59		26. REGISTRAR'S SIGNATURE Wesley Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Abraham Gelpert
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Edward M. St...*

Licensed Embalmer No. *4452*

P. O. Address *R. C. 10*

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.