

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-015636**

**FILED VS. MAY 9 1960**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2288 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Length of stay in 1b <u>20 years</u> c. FULL NAME OF (If NOT in hospital, give location) <u>Research Hospital</u> HOSPITAL OR INSTITUTION <u>Research Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>1200 E. 11th St.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>MAEME</u> Middle <u>SHIRKY</u> Last <u>SHIRKY</u>			<b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>23</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>8-19-1900</u>	<b>9. AGE</b> (last birthday) <u>59</u>	<b>IF UNDER 1 YEAR</b> Months <u>    </u> Days <u>    </u> Hours <u>    </u> Min. <u>    </u>		
<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Chandler, Oklahoma</u>			
<b>13a. FATHER'S NAME</b> <u>Jeff Sawyer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lara Nichols</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Charles Shirky</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>454-14-7759</u>		<b>17. INFORMANT</b> <u>Charles Shirky</u> Address <u>-1200 East 11th St K.C. Mo</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Emboli</u> DUE TO (b) <u>Myocardial Thrombi Right Auricle Unknown</u> DUE TO (c) <u>Posterior Wall Myocardial Infarction Four years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus and Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u>    </u> a.m. <u>    </u> p.m. <u>    </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			
<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> <u>February 27, 1942</u> to <u>4/23/60</u> and last saw her <u>4/23/60</u> alive on <u>4/23/60</u> . Death occurred at <u>7:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Harold A. Pallatt, M.D.</u>			<b>22b. ADDRESS</b> <u>1132 Prof Bldg K.C. Mo.</u>		<b>22c. DATE SIGNED</b> <u>4/24/60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>23b. DATE</b> <u>April 24, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Chandler Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Chandler Oklahoma</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Wilks Funeral Home</u> ADDRESS <u>2315 Lenwood</u>			<b>25. DATE REG. BY LOCAL REG.</b> <u>4-24-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Minshall</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Harold A. Pallatt

**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: \_\_\_\_\_

*Chas E. Wilkes*

Licensed Embalmer No. 2644

P. O. Address 14 E 210

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.