

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 24 1960

2581-60-019614

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

0-11-60

DOCUMENT verified by funeral home

BY AFFIDAVIT OF husband B. Marcus Hell, MEDICAL CERTIFICATION

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		Length of stay in 1b 20 years		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 Menorah Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4309 McGee Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle M. Last Shanerman				4. DATE OF DEATH Month May Day 7 Year 1960									
5. SEX Female		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 6-9-12		9. AGE (last birthday) 47		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (City and state or country) Albany Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Walter Dykes				13b. MOTHER'S MAIDEN NAME NETTIE Unknown				14. NAME OF HUSBAND <i>Wife</i> Dave Shanerman					
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. 491-10-9123		17. INFORMANT Kansas City Missouri Dave Shanerman, 4309 McGee Street							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra-Cerebral Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 4 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vascular aneurysm rupture										4 hrs			
DUE TO (c) Berry's aneurysm's										4 hrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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 5-7-60 , to 5-7-60 and last saw her <i>him</i> alive on 5-7-60 Death occurred at 9:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE B. Marcus Hell, Sr. MD						22b. ADDRESS 409 E. 67th			22c. DATE SIGNED 5-8-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/10/1960		23c. NAME OF CEMETERY Forest Hill Cemetery			23d. LOCATION (City, town, or county) Kansas City Missouri			(State)			
24. FUNERAL DIRECTOR D. W. Newcomers Sons, 1331 Brush Creek Blvd.				ADDRESS		25. DATE RECD. BY LOCAL REG. May 19, 1960		26. REGISTRAR'S SIGNATURE Neva Minshall					
Kansas City, Missouri													

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K. Brewer

Licensed Embalmer No. 493

P. O. Address K E M

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