IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960

5566 -60-042275

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Length of stay in 1b: 50 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Menorah Medical Center — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2209 East 69th St.Terr — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First OLIVER Middle E. Last SHOUSE
4. DATE OF DEATH: Month November Day 1 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/22/1881
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Inspector- CITY
10b. KIND OF BUSINESS OR INDUSTRY: Fire
11. BIRTHPLACE (City and state or country): Braymer, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Taylor Shouse
13b. MOTHER'S MAIDEN NAME: Josephine Dodson
14. NAME OF HUSBAND OR WIFE: Nannie Shouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Nannie Shouse, 2209 E. 69th St.Terrace — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [redacted] (Hemorrhage (Cerebral Hemorrhage)) — INTERVAL BETWEEN ONSET AND DEATH: 2 days
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct 31, 1960, to Nov 1, 1960 and last saw ~~her~~ him alive on Nov 1, 1960
Death occurred at 11:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Jack W. Wolf

22a. SIGNATURE (Degree or title) Jack W Wolf MD
22b. ADDRESS 409 E 63 St. Kansas City, Mo.
22c. DATE SIGNED 11/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov.4,1960
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR D.W.Newcomer's Sons, ADDRESS 1331 Brush Creek Blvd. Kansas City, Missouri
25. DATE RECD. BY LOCAL REG. 11-4-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Marvin D. Prest

Signature of Student Embalmer

Licensed Embalmer No. 5040

P. O. Address K. C. O

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