

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009129

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1094

STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 5 days	c. CITY OR TOWN Belton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 102 Park Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last SAMUEL JACKMAN SHRIVER			4. DATE OF DEATH Month Day Year Feb. 27, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/4/1878
9. AGE (last birthday) 82		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) Office manager		10b. KIND OF BUSINESS OR INDUSTRY Real Estate Co.	11. BIRTHPLACE (City and state or country) Dunkinsville, Ohio
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME THOMAS SHRIVER	13b. MOTHER'S MAIDEN NAME NANCY JANE MAHAFFEY
14. NAME OF HUSBAND OR WIFE Eva May Shriver		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.
17. INFORMANT Mrs. Charles Yeokum		Address Belton, 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) PULMONARY EDEMA, ACUTE			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
DUE TO (b) FRACTURE, SIMPLE, NECK OF RIGHT FEMUR			5 DAYS
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① CARDIAC HYPERTROPHY, CHRONIC. ② CORONARY ATHEROSCLEROSIS			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) SLIPPED AND FELL IN HOME	
20c. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year 2-22-61			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE BELTON, CASS, MISSOURI
21. I attended the deceased from JUNE 2, 1956 to FEB. 27, 1961 and last saw him alive on FEB. 26, 1961 . Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert A. Tracy, M.D.		22b. ADDRESS BELTON, Mo.	22c. DATE SIGNED 2-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/2/1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State) Pittsburg, Kansas		24. FUNERAL DIRECTOR ADDRESS E. K. George & Sons Belton, Mo.	
25. DATE RECD. BY LOCAL REG. 3-1-61		26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

INSTEAD OF RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Herbert A. Tracy, M.D.

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 Richard E. Deane

Licensed Embalmer No. 3958

P. O. Address Belton, Mo

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.