MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011349

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1870

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 50 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital — 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): 4111 Campbell — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Louise Middle: C. Last: Shoup

4. DATE OF DEATH: Month: April Day: 1 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-18-1887
9. AGE (last birthday): 74 Yrs — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John L. Campbell
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ~~John C.~~ Stephen Elliott Shoup ~~Sr.~~

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.: None
17. INFORMANT: John C. Shoup — Address: 4111 Campbell

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) Atelectasis, massive, left lung — INTERVAL BETWEEN ONSET AND DEATH: 6 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Broncho-pneumonia — 6 days.
DUE TO (c) Bronchial Asthma, Chronic — years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerotic Heart Disease

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 3/26/62 to 4/1/62 and last saw her/him alive on 3/31/62
Death occurred at 4/1/62 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William Bayne Allen M.D.
22b. ADDRESS: 4620 J.C. Nichols Kansas City Mo
22c. DATE SIGNED: 4/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 4-3-62
23c. NAME OF CEMETERY OR CREMATORY: D. W. Newcomer Sons
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Stine & McClure — ADDRESS: Kansas City, Missouri
25. DATE RECD. BY LOCAL REG.: 4-3-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
14	Stephen Elliott Shoup	John C. Shoup Sr.	7-24-63

BY AFFIDAVIT OF Verified by death Cert. of Stephen Elliott Shoup #5680-52 DOCUMENT Indorsement

William Bayne Allen

409 Plaza Pkwy. Bldg
10:30

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.