MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026427
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 125

FILED JUL 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 6404
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NKC Mem. Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clay
c. CITY OR TOWN: Kansas City 17 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3429 N. Chelsea — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Eulcta Middle: May Last: Shadd
4. DATE OF DEATH: Month 7 Day 20 Year 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐: Married
8. DATE OF BIRTH: 8-26-1918
9. AGE (last birthday): 43
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): Auditor for Fed. Government
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Medicine Lodge, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Roy Lake
13b. MOTHER'S MAIDEN NAME: Jessie Coltraine
14. NAME OF HUSBAND OR WIFE: Mr. Ernest Shadday
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Ernest Shadday — Address: of the home

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 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 July 15, 1962 to July 20, 1962 and last saw her alive on July 19, 1962
Death occurred at 12:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. K. Burk (Degree or title): MD
22b. ADDRESS: 5140 Antioch Rd. K.C. Mo.
22c. DATE SIGNED: 7/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-21-1962
23c. NAME OF CEMETERY OR CREMATORY: East Slope Mem. Gard.
23d. LOCATION (City, town, or county) (State): Riverside, Mo.
24. FUNERAL DIRECTOR: D.W. Newcomer Son — ADDRESS: N.K.C.
25. DATE RECD. BY LOCAL REG.: 7-20-1962
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1962

JUL 20 1962

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 John V. Henick Sr.

Licensed Embalmer No. 4848

P. O. Address K-6, Kan.

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.