

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39343**

FILED DEC 29 1948

BIRTH NO.		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 3006	Registrar's No. 327
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 26 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If rural, give location) 306 Price Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) L.	c. (Last) Shankland	4. DATE OF DEATH (Month) (Day) (Year) 12 - 23 - 1948
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 28, 1878	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months 3 IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binder		10b. KIND OF BUSINESS OR INDUSTRY Book Binder		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME R.W. Shankland		
13b. MOTHER'S MAIDEN NAME Jennie Morgan		14. NAME OF HUSBAND OR WIFE		
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. None		17. INFORMANT'S SIGNATURE OR NAME Fred C. Dawson, Columbia, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 939		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Chronic Nephritis - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Neglect of Prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Dec-48
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Neglect of Prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from Dec 1 - 1948 to Dec 23, 1948 , that I last saw the deceased alive on Dec 23, 1948 , and that death occurred at 10:10 AM , from the causes and on the date stated above.				
23a. SIGNATURE Fred C. Dawson		23b. ADDRESS Prof. Bldg. Columbia Mo		23c. DATE SIGNED 12-24-48
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 26, 1948		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery
24d. LOCATION (City, town, or county) (State) Columbia, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo		
DATE REC'D BY LOCAL REG. 12-24-48		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		ADDRESS 0

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1949

Date Filed _____
District File Number DEC 28 1948

District Health Officer No. 9,
RECEIVED

JAN 7 1949

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
Student Embalmer

Signed *M. W. Philtrides*

Licensed Embalmer No. *3893*

P. O. Address *Palmdale, Cal.*

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 this body is not embalmed, fact should be so stated above.