S. No. 300
. 10.48

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

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9293

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Monroe.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Jefferson Township)
c. LENGTH OF STAY (in this place): 6Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoutsville, Mo. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Jefferson Township)
d. STREET ADDRESS (If rural, give location): Stoutsville, Mo. R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Burla
b. (Middle):
c. (Last): Shaver

4. DATE OF DEATH (Month) (Day) (Year): March, 3rd, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept, 26, 1874
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Ralls County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Shaver.
13b. MOTHER'S MAIDEN NAME: Emily Young
14. NAME OF HUSBAND OR WIFE: Anna Bell Shaver

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'S SIGNATURE OR NAME: ADDRESS: Stoutsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1948, *to* Mar 3, 1949, *that I last saw the deceased alive on* Mar 3, 1949, *and that death occurred at* 9:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Brown M.D.
23b. ADDRESS: Perry, Missouri.
23c. DATE SIGNED: 3-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-5-49
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery.
24d. LOCATION (City, town, or county) (State): Ralls County, Missouri.

DATE REC'D BY LOCAL REG.: 3-10-49
REGISTRAR'S SIGNATURE: Elbert Baker M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde L. Wilcox
ADDRESS: Perry, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 3-49-49
Date Filed MAR 16 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 John F. Ellis

Licensed Embalmer No. 4613

P. O. Address Perry, Iowa

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.