

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23956

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lebanon T.S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon Rt. 2</u>	
c. LENGTH OF STAY (In this place) <u>10 yr</u>		d. STREET ADDRESS (If rural, give location) <u>Lebanon Rt. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) <u>JUNE</u> b. (Middle) <u>SWENDOLYN</u> c. (Last) <u>SHANTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 11, 1920</u>		9. AGE (In years last birthday) <u>29</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Oregon</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wm A. Nogelodt</u>		13b. MOTHER'S MAIDEN NAME <u>Oliver M Carter</u>		14. NAME OF HUSBAND OR WIFE <u>L.O. Shantz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>L.O. Shantz</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Left Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Pneumonia</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Asthma bronchitis</u>		<u>Lifetime</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>241X</u>	

19a. DATE OF OPERATION <u>7/15</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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 15 Apr., 1947, to 27 July, 1947, that I last saw the deceased alive on 14 July, 1949, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paula Jenkins, MD</u> (Degree or title)		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>28 July 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	
		24d. LOCATION (City, town, or county) <u>Lebanon</u>		(State) <u>mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 28 1949</u>		REGISTRAR'S SIGNATURE <u>Willa L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> ADDRESS <u>Lebanon mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received JUL 30 1949
Laclede County Health Unit
File No. 7-89-106
Date Filed AUG 1 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 _____

Margaret Ruth Allen

Student Embalmer No. 295

working under my personal supervision.

Student
Student Embalmer

Signed Richard L. Palmer

Licensed Embalmer No. 4585

P. O. Address Libanon, 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 this body is not embalmed, fact should be so stated above.