

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27306

FILED AUG 30 1950

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 117

490

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

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Mineral</i> c. LENGTH OF STAY (in this place) <i>1 yr</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Malden</i> <i>0351</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jasper Co. T B Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>308 So Madison</i>	
3. NAME OF DECEASED a. (First) <i>Leo</i> b. (Middle) <i>mis</i> c. (Last) <i>Shewer</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 22 1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never</i>	8. DATE OF BIRTH <i>May 9 - 1883</i>
9. AGE (In years last birthday) <i>67</i> IF UNDER 1 YEAR Months <i>3</i> Days <i>13</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	
11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jasper Shewer</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Sheller</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) <i>No</i> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Records</i> ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tuberculosis</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <i>5/12</i> , 19 <i>49</i> , to <i>8/22</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>8/22</i> , 19 <i>50</i> , and that death occurred at <i>9:20</i> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Jesse B. Douglas</i> (Degree or title)		23b. ADDRESS <i>Mo. Webb City</i>	
23c. DATE SIGNED <i>8/22/50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>8-25-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>PARK MEMORIAL</i>	
24d. LOCATION (City, town, or county) (State) <i>MALDEN, MISSOURI</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. L. Tuttle</i> ADDRESS <i>KNIGHT FUNERAL HOME - MALDEN MO.</i>	
DATE REC'D BY LOCAL REG. <i>Aug 25-50</i>		REGISTRAR'S SIGNATURE	

RECEIVED 8-29-50
Jasper County Health Office

County File Number 50-8-625
Date Filed 8-29-50

AUG 31 1950

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 Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Wells City

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.