.S. No. 300
Rev. 10-48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42829

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11173

0

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

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 15 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MO. PACIFIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rantoul 8150
d. STREET ADDRESS (If rural, give location) --- 8

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer
b. (Middle) Ray
c. (Last) Shade

4. DATE OF DEATH (Month) DEC. (Day) 28 (Year) 1950

5. SEX MO
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH NOV. 18, 1884
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATION AGENT
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (State or foreign country) Imes Kansas 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Maude Shade

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. unknown
17. INFORMANT'S SIGNATURE OR NAME Maude Shade, Rantoul, Kansas 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of mouth — INTERVAL BETWEEN ONSET AND DEATH 2 months

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. Duodenal ulcer - old.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION (biopsy only) - very anaplastic carcinoma of ~~oropharynx~~ mouth
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? 143X

X

22. *I hereby certify that I attended the deceased from* Dec. 13, 1950 *to* Dec. 28, 1950, *that I last saw the deceased alive on* Dec. 28, 1950 *and that death occurred at* 10 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. H. Johnson, M. D. (Degree or title)
23b. ADDRESS 1755 So. Grand
23c. DATE SIGNED 12/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 12-28-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Ottawa, Kansas

DATE REC'D BY LOCAL REG. DEC 28
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1967

11173

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address.....

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.