

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5168

REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 425 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN Holden
c. LENGTH OF STAY (in this place) 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Public building

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Holden Rural Madison Twp.
d. STREET ADDRESS Madison Township

3. NAME OF DECEASED
a. (First) GEORGE b. (Middle) EDWIN c. (Last) Shawhan
4. DATE OF DEATH Feb. 2, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Jan. 10, 1870
9. AGE (In years less birthday) 81 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) retired farmer 10b. KIND OF BUSINESS OR INDUSTRY own farm 11. BIRTHPLACE (State or foreign country) Louisville, Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Shawhan 13b. MOTHER'S MAIDEN NAME Liza Lloyd 14. NAME OF HUSBAND OR WIFE Liza Lloyd Shawhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) XXXX 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jake Shawhan, Lone Jack, Missouri

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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: Gen Arteriosclerosis

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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 Jan 2, 1950, to Feb 2, 1951, that I last saw the deceased alive on Feb 2, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

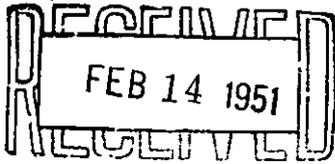
23a. SIGNATURE (Degree or title) Killip Rawlins, M.D. 23b. ADDRESS Holden, Missouri 23c. DATE SIGNED 2/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 2/4/51 24c. NAME OF CEMETERY OR CREMATORY Lone Jack Cemetery 24d. LOCATION (City, town, or county) (State) Lone Jack, Missouri

DATE REC'D BY LOCAL REG. 2-6-51 REGISTRAR'S SIGNATURE Mrs. H. V. Redford 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri

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

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JOHNSON COUNTY HEALTH DEPT.

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 Samuel B. Rapp

Licensed Embalmer No. 4044

P. O. Address Holden 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.