

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5768 State File No. 13275  
Registrar's No. 38

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. ~~422~~ Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harrison Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harrison Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1 1/2 Miles East of Cainsville, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) <b>Ellsworth</b> c. (Last) <b>Shain</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 18 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 15 1880</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Far mer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Madison Twp. Harrison Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>John Shain</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Wise</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah Edna Shain</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sarah Edna Shain</b>		ADDRESS <b>Cainsville, Mo.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach Prostate</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with Metastasis</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 <b>177x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-15, 1951** to **4-18, 1951**, that I last saw the deceased alive on **3-23, 1951**, and that death occurred at **6:55p m.**, from the causes and on the date stated above.

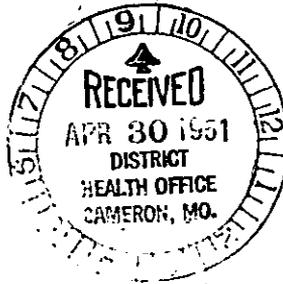
23a. SIGNATURE <b>M. J. Ruth</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Bethany, Missouri.</b>	23c. DATE SIGNED <b>4/20/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 21 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zoar Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cainsville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-23-51</b>	REGISTRAR'S SIGNATURE <b>M. J. Ruth</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Cainsville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1650



**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, pt/y

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Eddie J. Stoklasa

Signed.....  
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Gainsville, 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.