

FILED AUG 13 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22176**BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 832

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>2619 S. 14th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew J.</u> b. (Middle) <u>Shaver</u> c. (Last) <u>J. Shaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 2 1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 31, 1884</u>	9. AGE (In years last birthday) <u>67</u>	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) <u>ret. maintenance man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machinery Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Newton Shaver</u>	13b. MOTHER'S MAIDEN NAME <u>Kathryn unkn.</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Dell Shaver</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unkn.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Georgia Shaver, 2619 S. 14th, St. Joseph Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</u>		
	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 <u>331X</u>	20. AUTOPSY? YES <input 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 8-1, 1951, to 8-2, 1951, that I last saw the deceased alive on 8-2, 1951, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Levan</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>8-3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8/4/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>

DATE REC'D BY LOCAL REG. <u>Aug 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u> ADDRESS <u>Funeral Home St. Joseph Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 W E Edmister

Licensed Embalmer No. H 791

P. O. Address 31250th St Joseph, 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.