

FILED JUL 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23766**

BIRTH NO. _____ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **5777** Registrar's No. **16-51**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Equality		c. LENGTH OF STAY (In this place) 1 yr.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Equality		d. STREET ADDRESS (If rural, give location) 4 Mi. W. Tuscumbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mi. W. Tuscumbia		e. STREET ADDRESS (If rural, give location) 4 Mi. W. Tuscumbia 065 3	

3. NAME OF DECEASED (Type or Print) Boone	a. (First)	b. (Middle)	c. (Last) SHADWICK	4. DATE OF DEATH (Month) (Day) (Year) July 15 - 1951
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months - Days -	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Head Hill - Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Posie Lee Shadwick
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Elmer Matthews Eldon	ADDRESS Eldon
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gun	DUE TO (b) SHOT WOUND INTO		Immediate
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Head by 12 gauge		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Caliber gun		E976X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.) At Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eldon Equality Miller Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 15, 1951 5 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted
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22. I hereby certify that I attended the deceased from **July 15, 1951**, to **July 18, 1951**, that I last saw the deceased alive on **July 18, 1951**, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Nedger Brown (Degree or title)	23b. ADDRESS Theresa Missouri	23c. DATE SIGNED 7/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18 51	24c. NAME OF CEMETERY OR CREMATORY Windsor Cem.	24d. LOCATION (City, town, or county) (State) Windsor Mo
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DATE REC'D BY LOCAL REG. July 18, 1951	REGISTRAR'S SIGNATURE Mrs. Richard P. Wright	25. GENERAL DIRECTOR'S SIGNATURE Richard P. Wright ADDRESS Eldon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUL 19 1951

MILLER COUNTY HEALTH
DEPARTMENT

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Bldg 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.