

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27396

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>368</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> <u>0495</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>		c. LENGTH OF STAY (If in this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>0495</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1334 Grand</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u>			b. (Middle)		c. (Last) <u>Shanklin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 6 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 10, 1919</u>		9. AGE (In years last birthday) <u>32</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>27</u> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owned grocery store</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Menapace</u>			13b. MOTHER'S MAIDEN NAME <u>Hester Arnold</u>			14. NAME OF HUSBAND OR WIFE <u>Earl Shanklin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Shanklin</u>			ADDRESS <u>1334 Grand, Joplin, 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Empyema thoracis</u>				54 10	
				ANTECEDENT CAUSES DUE TO (b) <u>Subdiaphragmatic abscess</u>					
				DUE TO (c) <u>Postoperative peritonitis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition, disturbed electrolyte balance; nephritis</u>									
19a. DATE OF OPERATION <u>6/26; 7/6/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intractable duodenal ulcer 6/26/51</u> <u>Obstructed gastrojejunal stoma 7/8/51</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>8/13</u> , 19 <u>46</u> , to <u>8/6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/4</u> , 19 <u>51</u> , and that death occurred at <u>11:10p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>420 Byers, Joplin, Missouri</u>			23c. DATE SIGNED <u>8/16/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McElhanie, Newton, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-18-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>David Dillon</u> ADDRESS <u>Funeral Home Joplin, Mo.</u>					

RECEIVED *8-29-51*

Jasper County Health Office

County File Number *51/8/656*

Date Filed *8-29-51*

DEC 28 1961

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 *David Nillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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.