

No. 300
10. 48

NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34759

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 350

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Washington | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre | | c. LENGTH OF STAY (In this place) 11 Days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Concord 1100 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital | | | d. STREET ADDRESS (If rural, give location) Bismark Route # 1 | | |

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|--------------------------------------------|--|--|----------------------|--|---------------------|--|--------------------------------------------------------|--|--|
| 3. NAME OF DECEASED a. (First) Harry | | | b. (Middle) ----- | | c. (Last) Shaner | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1951 | | |
|--------------------------------------------|--|--|----------------------|--|---------------------|--|--------------------------------------------------------|--|--|

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| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Nov. 12, 1885 | | 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR Month Day 11 14 | | IF UNDER 24 HRS. Hours Min. ----- | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | | | 11. BIRTHPLACE (State or foreign country) Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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| 13a. FATHER'S NAME Isaiah Shaner | | | | 13b. MOTHER'S MAIDEN NAME Ann Wood | | | | 14. NAME OF HUSBAND OR WIFE Maude Shaner | | | |
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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 Maude Shaner | | | | | | ADDRESS Bismark Route 1, Mo. | |
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of kidney</u> 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic cardiovascular disease</u> | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 Mos</u> <u>Known</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>180X</u> | | | | | | 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 July 9, 1949, to Oct 26, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. L. Foster</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Desloge, Mo</u> | | 23c. DATE SIGNED <u>10-29-51</u> | |
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| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/29/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bismark Masonic Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bismark, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Oct. 29, 1951</u> | | REGISTRAR'S SIGNATURE <u>Eather Rudloff</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home Leadwood, Mo.</u> | | ADDRESS | |
|--------------------------------------------------|--|------------------------------------------------|--|-----------------------------------------------------------------------------|--|---------|--|

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

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THE NO. DISTRICT HEALTH OFFICE NO. 4

NOV - 5 1951

RECEIVED

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.