

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 719

BIRTH NO.		REG. DIST. NO. 91		PRIMARY REG. DIST. NO. 5330		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY CRAWFORD MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE DAVISVILLE MO b. COUNTY CRAWFORD			
b. CITY (If outside corporate limits, write RURAL and give township) DAVISVILLE MO		c. LENGTH OF STAY (in this place) STAY		c. CITY (If outside corporate limits, write RURAL and give township) DAVISVILLE MO		0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) OREN		a. (First)		b. (Middle) SHANDROW		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) JAN 21 1952		5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
8. DATE OF BIRTH FEB 24-1893		9. AGE (in years last birthday) 59		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Laboer		11. BIRTHPLACE (City and State or Foreign Country) D CRAWFORD COUNTY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM SHANDROW		13b. MOTHER'S MAIDEN NAME MARY CRAWL		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NY		16. SOCIAL SECURITY NO. 490-14-9243		17. INFORMANT'S SIGNATURE OR NAME FRED WISDOM-DAVISVILLE MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Naluminum disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of heart DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214				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 Jan 1, 1946 , to Jan 1, 1952 , that I last saw the deceased alive on Jan 14, 1952 , and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE R. L. Parker (Degree or title) M.D.				23b. ADDRESS Steelville MO		23c. DATE SIGNED 1-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JAN 23-1952		24c. NAME OF CEMETERY OR CREMATORY TURNBOUGH CEMETARY		24d. LOCATION (City, town, or county) (State) DAVISVILLE MO	
DATE REC'D BY LOCAL REG. 1/25/52		REGISTRAR'S SIGNATURE Elaine Hanson		25. FUNERAL DIRECTOR'S SIGNATURE 78 JONES FUNERAL HOME		ADDRESS STEELVILLE MO	

(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 _____

Henry M. Jones Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Henry M. Jones* _____

Licensed Embalmer No. *2628*

P. O. Address *St. Louis, 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.