

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11700

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee Rural/Kelso</u>	c. LENGTH OF STAY (in this place) <u>12</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee Rural/Kelso Trp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>RR 2 1000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>N.M.N.</u> c. (Last) <u>Shayden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1952</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>Jan 8, 1889</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco RR.</u>	11. BIRTHPLACE (State or foreign country) <u>Paragouhd Ark</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Jim Shayden</u>	13b. MOTHER'S MAIDEN NAME <u>Sahnie Lane</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Rykey Shayden</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	16. SOCIAL SECURITY NO. <u>702-07-9009</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Emma Shayden Chaffee 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u>		<u>5 YRS.</u>
	DUE TO (c) <u>GENERALIZED ARTERIOSE/EROSIS</u>		<u>5 YRS</u>
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDOSIS</u>		<u>3 YRS.</u>
19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>

22. I hereby certify that I attended the deceased from SEPT., 1951, to MAR., 1951, that I last saw the deceased alive on MAR 17, 1952 and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>		23b. ADDRESS <u>CHAFFEE, MO.</u>	23c. DATE SIGNED <u>3-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
DATE REC'D BY LOCAL REG. <u>April 1-52</u>	REGISTRAR'S SIGNATURE <u>Mrs Fred Bisplinghoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bisplinghoff Funerals Home Chaffee Mo</u>	

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

RECEIVED APR 7 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-100

APR 11 1952

APR 11 1952

APR 15 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Jack J. Swinett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.