

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12407**

WED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **32**

240
0

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville	c. LENGTH OF STAY (in this place) 1 Week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp		d. STREET ADDRESS (If rural, give location) 1315 Loreau	

3. NAME OF DECEASED (Type or Print) a. (First) LeRoy	b. (Middle) P.	c. (Last) Shinn	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1952
---	-----------------------	------------------------	---

5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Aug. 7, 1908	9. AGE (In years last birthday) 43	10. UNDER 1 YEAR Months 8 Days 12	11. UNDER 24 HRS. Hours 12 Min.
---------------------	-------------------------------	---	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Finance Department Division of Welfare	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	--

13a. FATHER'S NAME Charles L. Shinn	13b. MOTHER'S MAIDEN NAME Elizabeth M. Phillips	14. NAME OF HUSBAND OR WIFE NONE
---	---	--

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. 499-30-6150	17. INFORMANT'S SIGNATURE OR NAME Charles L. Shinn	ADDRESS Smithville, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hyponephroma left kidney		INTERVAL BETWEEN ONSET AND DEATH 1 1/2
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 10 mo ago kidney + tumor removed	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? 180X
--	--	---

22. I hereby certify that I attended the deceased from **Aug 1951**, to **April 19, 1952**, that I last saw the deceased alive on **April 19, 1952**, and that death occurred at **8:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) _____	23b. ADDRESS Smithville Mo	23c. DATE SIGNED 4/21/52
--------------------------------------	-------------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-52	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Smithville Missouri
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 4-21-52	REGISTRAR'S SIGNATURE Bauleh Kitchen 63	25. FUNERAL DIRECTOR'S SIGNATURE McComas	ADDRESS Funeral Home Smithville, MO.
--	---	--	--

JUN 2 1957

MAY 24 1957

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 *Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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.