

FILED FEB 1 1953

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1225

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 35

| | | | | | |
|---|-----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun MO</u> | | d. STREET ADDRESS (If rural, give location) <u>In Union 0429</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Netzel Hosp</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Owen</u> | | b. (Middle) | c. (Last) <u>Shreeve</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 24 53</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>8-31-1869</u> | 9. AGE (in years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u> |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Droom Maker</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Chas H Shreeve</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Tullis</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>✓</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm A Shreeve Lee Summit</u> ADDRESS | | |
| 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) <u>Lobar pneumonia</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) <u>490 X</u> II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Senility</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 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 <u>Jan 17, 1953</u> , to <u>Jan 24, 1953</u> , that I last saw the deceased alive on <u>Jan 24, 1953</u> and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert Marshall M.D.</u> | | | 23b. ADDRESS <u>Clinton, Mo.</u> | | 23c. DATE SIGNED <u>1-24-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-25-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cen</u> | | 24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan-26-53</u> | | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u> ADDRESS <u>Clinton</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0429

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.