

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE  
STANDARD CERTIFICATE OF DEATH

8900

State File No. ....

FILED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 426

0117  
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Dr Joseph</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Odean - RURAL 0540</u>	
c. LENGTH OF STAY (In this place) <u>42 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drater Hospital no 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>W.</u> c. (Last) <u>Shotwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 - 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	
8. DATE OF BIRTH <u>March 31 - 1876</u>		9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR (Days) <u>0</u>	
11. UNDER 1 YEAR (Hours) <u>5</u>		12. UNDER 1 YEAR (Min.)		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>J. E. Shotwell</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie E. Makeland</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Shotwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hal W. Shotwell</u> ADDRESS <u>Dallas Texas</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>no facts</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		ANTECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterio sclerosis</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		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 Feb 24, 1953, to April 6, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 4:15 am, from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas M.D.</u> (Degree or title)		23b. ADDRESS <u>Dr Joseph Mo 10 State Hosp no 2</u>		23c. DATE SIGNED <u>4/6-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/6/1953</u>		24c. NAME OF CEMETERY OR CREMATORY	
				24d. LOCATION (City, town, or county) (State) <u>Odean Missouri</u>	

DATE REC'D BY LOCAL REG. <u>April 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newton Bowman</u> ADDRESS <u>Funeral Home - St Joseph Mo.</u>	
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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 \_\_\_\_\_

*W E Edmonstone*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4791

P. O. Address 319 S. 10th St. Joplin, 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.