

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7823**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. CITY <p align="center">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p align="center">St. Joseph</p>		c. LENGTH OF STAY (in this place) <p align="center">48 years</p>		c. CITY OR TOWN <p align="center">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">1901 Elwood St.</p>		e. STREET ADDRESS (If rural, give location) <p align="center">1901 Elwood St. 0117</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Potter</u> c. (Last) <u>Shaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">March 30, 1954</p>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. Millwright</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seed Co.</u>		8. DATE OF BIRTH <p align="center">March 2, 1872</p>	
11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Roanoke, Virginia</p>			9. AGE (In years last birthday) Months Days Hours Min. <p align="center">82</p>		
12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>			14. NAME OF HUSBAND/OR WIFE <p align="center">Lula Pearl</p>		

13a. FATHER'S NAME <p align="center">unknown</p>		13b. MOTHER'S MAIDEN NAME <p align="center">unknown</p>		14. NAME OF HUSBAND/OR WIFE <p align="center">Lula Pearl</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>		16. SOCIAL SECURITY NO. <p align="center">491-09-1209</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Mrs. Loyd Taylor, Chellew Rd, St. Joseph, Mo.</p>	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Pancreas (1 year)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pancreas</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="right">157X</p>			INTERVAL BETWEEN ONSET AND DEATH
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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 1, 1954 to Mar 29, 1954 that I last saw the deceased alive on Mar 29, 1954 and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H F Mundy M.D.</u>		23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>3/30/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/1/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Mar 31, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heston-Bowman - St Joseph Mo.</u>	
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Eugene Wood.....

Licensed Embalmer No. 380

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.