

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

14393

State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>JAME</u> b. COUNTY _____	
b. CITY OR TOWN <u>MEMPHIS</u>	c. LENGTH OF STAY (In this place) <u>35 YRS</u>	c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LURENA</u>	b. (Middle) <u>ROSE</u>	c. (Last) <u>SHANES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 17, 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 11, 1903</u>	9. AGE (In years last birthday) <u>51</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 6 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTLAND Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.G. GRINSTEAD</u>	13b. MOTHER'S MAIDEN NAME <u>CUNNINGHAM</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN S. SHANES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-24-9028</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert E. Shaness</u>	ADDRESS <u>MEMPHIS</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney Pathology</u>		
	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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct. 2, 1954, to April 17, 1955, that I last saw the deceased alive on 4-17-1955, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M.M. Keethler D.O.</u>	23b. ADDRESS <u>Memphis TN</u>	23c. DATE SIGNED <u>4-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-20-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/21/55</u>	REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>	4755	25. FUNERAL DIRECTOR'S SIGNATURE <u>M.W. Rayner</u>	ADDRESS <u>MEMPHIS</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22-30-1933

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 *Neal Payne*.....

Licensed Embalmer No. *295*.....

P. O. Address *Memphis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.