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RN 11126

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8251**
Registrar's No. **189**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Leachville
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS None		(If rural, give location) 8265	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) EDWARD c. (Last) SHINE			4. DATE OF DEATH (Month) (Day) (Year) March 1, 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/24/08	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min 0 0 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Novelty Maker		10b. KIND OF BUSINESS OR INDUSTRY Novelty Maker	11. BIRTHPLACE (City and State or Foreign Country) Limestone, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Shine		13b. MOTHER'S MAIDEN NAME Phoebe Lackens		14. NAME OF HUSBAND OR WIFE Wanda Shine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Records	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, intra-abdominal with resultant shock			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Lacerations and contusion, liver and right kidney			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Cardiac arrest			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Senath, Missouri 035		
21d. TIME OF INJURY (Month) (Day) (Year) Feb. 28 1956		21e. INJURY OCCURRED AT MEAT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Steering mechanism wasn't working & car went out of control		

22. I hereby certify that I attended the deceased from **Feb. 28, 1956, to Mar. 1, 1956**, that ~~the deceased was deceased~~ ~~and that death occurred at 2:35 pm., from the causes and on the date stated above.~~

23a. SIGNATURE Ernest M. Tapp, M.D., Manager		(Degree or title) MD		23b. ADDRESS VAH, Poplar Bluff, Mo.		23c. DATE SIGNED 3-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-5-56		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Dayton, Ohio	

DATE REC'D BY LOCAL REG. 3/6/56		REGISTRAR'S SIGNATURE Frank Cotrell		GENERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 13 1956

MAR 13 1956

BUTLER CO. HEALTH CENTER

FILE No.

VS
NOV 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James W. Green*
Licensed Embalmer No. 296

P. O. Address *Poplar St*

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.