

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

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11411
State File No. _____
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2316**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)	a. STATE Missouri b. COUNTY Dunklin
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) Route 2	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) William	b. (Middle) A.	c. (Last) Shahan	(Month) (Day) (Year) March 5, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1884
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Doniphan, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wesley Shahan		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Wlvia Shahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Burley Shahan, 2526 N. 22nd. St.	
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.			INTERVAL BETWEEN ONSET AND DEATH 3 mos.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undifferentiated Carcinoma (primary site unknown)			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 199.9		20. AUTOPSY? YES <input checked="" 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) m.	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. 21, 1956 , to Mar. 5, 1956 , that I last saw the deceased alive on Mar. 5, 1956 , and that death occurred at 2:50A m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Carl Smith M.D.</i>		(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 3/5/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-5-56	24c. NAME OF CEMETERY OR CREMATORY Hazel Cemetery	24d. LOCATION (City, town, or county) (State) Kennett, Mo.
DATE REC'D BY LOCAL REG. MAR 5 1956	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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.....
Etton R. H. Penelca

Licensed Embalmer No. *425*

P. O. Address.....
St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To
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.