

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15656**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **539**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and in/belton). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN St. Joseph		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 St. Joseph's Hospital			e. STREET ADDRESS (If rural, give location) 1115 1/2 South 16th Street <i>011/10</i>		
3. NAME OF DECEASED (Type or Print) a. (First) JACK		b. (Middle) WILLIAM	c. (Last) SHALINE	4. DATE OF DEATH (Month) (Day) (Year) May 14, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 22, 1921	9. AGE (In years last birthday) Months Days Hours Min. 35	10. AGE (In years last birthday) Months Days Hours Min. 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver Burlington Truck Lines		10b. KIND OF BUSINESS OR INDUSTRY Burlington Truck Lines	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Arch R. Shaline		13b. MOTHER'S MAIDEN NAME Ethel Grimmit	14. NAME OF HUSBAND OR WIFE Thelma L. Shaline		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. 491-10-4774	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thelma L. Shaline, 1115 1/2 S. 16th St., St. Joseph, Mo		
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, asphemia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ILEUS of Small Intestine 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.		INTERVAL BETWEEN ONSET AND DEATH one day.
19a. DATE OF OPERATION 5-9-56 5-13-56	19b. MAJOR FINDINGS OF OPERATION Bilateral Inguinal hernias; Retrocecal Appendix 5701	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 5:14	
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 5-7 , 1956, to 5/14 , 1956, that I last saw the deceased alive on 5/14 , 1956, and that death occurred at 3:10A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John R. McDaniel M.D.			23b. ADDRESS 902 Edmund St. St. Joseph		23c. DATE SIGNED 5/14/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/1956	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Public Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. May 16, 1956	REGISTRAR'S SIGNATURE Ethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Heston-Bourman St. Joseph, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

1830

MAY 23 1956

MAR 19 1958

JUL 31 1958

Dr. M. Mancini

VS AUG 5 1959

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 *James B. Hawkins*.....
Licensed Embalmer No. 453

P. O. Address 319 So 10th 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.