

FILED NOV 27 1957

STANDARD CERTIFICATE OF DEATH

41484

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 2054 Registrar's No. 128

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA 0821</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>TROY STREET</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE WILLIAM SYLVESTER SHADE</u>		4. DATE OF DEATH Month Day Year <u>NOV. 11, 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 1, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and state or country) <u>LOUISIANA, MISSOURI</u>
13a. FATHER'S NAME <u>ALEX SHADE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WORTH</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA E. SHADE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MRS. JAMES BROWN, LOUISIANA, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>right buccal micosa with metastasis</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>144X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>7/5/57</u> to <u>11/11/57</u> and last saw <u>him</u> alive on <u>11/11/57</u> Death occurred at <u>4:20</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Chas H Lewellen M.D.</u>		22b. ADDRESS <u>Louisiana, Mo,</u>	22c. DATE SIGNED <u>11/12/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>NOV. 13, 1957</u>	<u>RIVERVIEW CEM.</u>	<u>LOUISIANA, MO.</u>
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>GEO. M. COLLIER</u>	<u>LOUISIANA, MO.</u>	<u>NOV 13, 1957</u>	<u>Boniece Callier</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

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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 *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.