

REG.# 15488 XC-157 33 FEB 7 JAN 6 1958
Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY RANDOLPH	
b. CITY OR TOWN POPLAR BLUFF		c. CITY OR TOWN POCAHONTAS 8038	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL 15 Days		d. STREET ADDRESS (If outside, give location) 1002 SMITHVILLE	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES (NMI) SHAVER			4. DATE OF DEATH Month Day Year DECEMBER 11, 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/15/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) MIDDLEBROOK, ARKANSAS
13a. FATHER'S NAME JOHN WILLIAM SHAVER		13b. MOTHER'S MAIDEN NAME LOUISE MURDOCK	14. NAME OF HUSBAND OR WIFE ALICE SHAVER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 430227094	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA RECTO-SIGMOID WITH GENERALIZED ABDOMINAL METASTASES.			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE, CHRONIC.			19. WAS AUTOPSY PERFORMED? YES
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.)	
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 Nov. 26, 1957 to Dec. 11, 1957 Death occurred at 11:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. LESTER HARWELL, M. D. (Deceased's title)		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 12/12/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/14/1957	23c. NAME OF CEMETERY OR CREMATORY MASONIC Cemetery	23d. LOCATION (City, town, or county) (State) POCAHONTAS ARK.
24. FUNERAL DIRECTOR ADDRESS J. G. McNabb Pocahontas, Ark.		25. DATE RECD. BY LOCAL REG. 12-16-57	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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NAME OF DECEASED
AGE
SEX
DATE OF DEATH
PLACE OF DEATH
CITY
COUNTY
STATE

STATEMENT BY LICENSED EMBALMER

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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 *J. G. McNabb*

Licensed Embalmer No. *610*

P. O. Address *Peachtree, Ark.*

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.