

Health,
Welfare
Public
Service

XC 10895761 SLL6693

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020143
STATE FILE NUMBER

FILED MAY 26 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5321

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salem 81208 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE VA HOSPITAL		Length of stay in lb 7 days	d. STREET ADDRESS (If outside, give location) 32 Rte. 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Jacob W. Shanafelt			4. DATE OF DEATH Month Day Year 5-20-58
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 7-27-16
9. AGE (In years last birthday) 41	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Salem, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Asa Shanafelt	13b. MOTHER'S MAIDEN NAME Lillie Outhouse
14. NAME OF HUSBAND OR WIFE Leona V. Shanafelt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give year dates of service) WWII	16. SOCIAL SECURITY NO. 328076383
17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, 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) METASTATIC HODGKINS SARCOMA DUE TO (b) PRIMARY HODGKINS SARCOMA TESTICLE DUE TO (c) - - - 201X - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -	
19. INTERVAL BETWEEN ONSET AND DEATH		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> none		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 WORK <input type="checkbox"/> NOT WHILE 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 VA		COUNTY STATE	
VA attended the deceased from 5-13-58 , to 5-20-58 and last saw him ^{her} alive on 5-20-58 Death occurred at 3:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Mc Nally M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 5-20-58			
23a. BURIAL, CREMATION, REBURIAL		23b. DATE 5-20-58	
23c. NAME OF CEMETERY OR CREMATORY SALEM ILL		23d. LOCATION (City, town, or county) (State) SALEM ILL	
24. FUNERAL DIRECTOR EDW. FENDLER 5611 S GRAND		ADDRESS SALEM ILL	
25. DATE RECD. BY LOCAL REG. MAY 20 '58		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harley F. Koeller*

Licensed Embalmer No. *4950*
P. O. Address *St. Louis*

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.