

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008824

STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 98

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Jefferson City,</b> <sup>0264</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Charles E. Still Hospital</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>607 Marshall Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MRS. ALMA LUELLA SHADWICK</b>			4. DATE OF DEATH Month Day Year <b>March 31, 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 4, 1914</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>	9. AGE (In years (ask birthday)) <b>44</b> IF UNDER 1 YEAR: Month <b>10</b> Day <b>27</b> IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) <b>Maries Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jack Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Barnhart</b>	14. NAME OF HUSBAND OR WIFE <b>David Shadwick</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-22-1751</b>	17. INFORMANT Address <b>David Shadwick 607 Marshall St. J. C., Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY PARALYSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CEREBRAL HEMORRHAGE</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) <b>331X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
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 <b>3-31-59 9:00 am</b> to <b>3-31-59 9:35 pm</b> and last saw her/him alive on <b>3-31-59</b> Death occurred at <b>9:35</b> p.m. on the date stated above; and to the best of my knowledge, and to the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. E. Duffen DO</b>		22b. ADDRESS <b>Jefferson City, Mo.</b>	22c. DATE SIGNED <b>4/1/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr. 2, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Victor Buescher</b>		25. DATE RECD. BY LOCAL REG. <b>2 April 1959</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Norris, MD-NR.</b> (Licensed Embalmer's Statement on Reverse Side)

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.

VS APR 12 1959

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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 *Victor Buescher* .....

Licensed Embalmer No. *3701* .....

P. O. Address *gcma* .....

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.