

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020278

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 184

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital			Length of stay in lb 4 Days		d. STREET ADDRESS (If outside, give location) 0860		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Fannie Francis Shaver				4. DATE OF DEATH Month Day Year June 8 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 10 1881	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 6 Days 28		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Sullivan County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Coghill			13b. MOTHER'S MAIDEN NAME Cordelia Rouse			14. NAME OF HUSBAND OR WIFE Ora E. Shaver	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr Opal Shaver Green City, 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 of liver						INTERVAL BETWEEN ONSET AND DEATH 6 months?	
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) 1561						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.) 1561				
20c. TIME OF INJURY Hour _____ 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 June 4, 1959 to June 8, 1959 and last saw her alive on June 8, 1959 Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. J. Wimpey MD (Degree or title)			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 6/9/59		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE June 11 1959	23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery		23d. LOCATION (City, town, or country) (State) Unionville, Mo.		
24. FUNERAL DIRECTOR ADDRESS Comstock Funeral Home By J. W. Comstock Unionville, Mo.			25. DATE RECD. BY LOCAL REG. 6-18-1959		26. REGISTRAR'S SIGNATURE Dore W. Ratliff		

The funeral director is responsible for the proper completion of this certificate.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diagnoses in Part I must be causally related.
 J. J. Wimpey MD
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

020 06 111

SEP 20 1960

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 W. Comstock*

Licensed Embalmer No. *4197*

P. O. Address *Unionville, N.C.*

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.