RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS MAY 31 1960

60-019082

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 583-A

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b 35 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2742 W. Olive
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2742 W. Olive
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First VERNON Middle Last SHADWELL
4. DATE OF DEATH Month May Day 17, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/21/83
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Producers Produce House
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Unknown
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Floe Shadwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Floe Shadwell Address 2742 W. Olive

MEDICAL CERTIFICATION

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 pancreas — 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-2-57, to Death and last saw her/him alive on 5-6-60
Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warford Johnson (Degree or Title) MD
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 5/20/60

BY AFFIDAVIT OF DR. WARFORD JOHNSON

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/19/60
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR Ayre-Goodwin ADDRESS 623 W. Walnut
25. DATE RECD. BY LOCAL REG. 5-26-60
26. REGISTRAR'S SIGNATURE Effie L Melton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Bill M. Abbott, Student Embalmer No. PERMIT 3

working under my personal supervision.

Student Bill M. Abbott
Signature of Student Embalmer

Signed Gene B Hunt

Licensed Embalmer No. 4739

P. O. Address Spfd, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.