

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027390

FILED VS JUL 26 1960

157

Primary Registration District No. 5582

Registrar's No. 153

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage		Length of stay in 1b 6 years		c. CITY OR TOWN Boston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fair Acres Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None	

3. NAME OF DECEASED (Type or print) First AMOS			Middle O.			Last SHADE			4. DATE OF DEATH Month July			Day 14,			Year 1960		
5. SEX M		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-13-1871		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopathic Doctor, Ret.				10b. KIND OF BUSINESS OR INDUSTRY osteopathy				11. BIRTHPLACE (City and state or country) Ohio				12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Samuel H. Shade				13b. MOTHER'S MAIDEN NAME Sarah M. Welsh				14. NAME OF HUSBAND OR WIFE None									
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 Mr. Lester Pahlow, Lamar, Mo.				Address					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion and myocardial infarction		DUE TO (b) Coronary Sclerosis		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year		Hour a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <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 **2/8/60** to **7/14/60** and last saw her/him alive on **7/14/60**
Death occurred at: **2:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. J. M. [Signature]</i> (Degree or title)			22b. ADDRESS Carthage, Mo.			22c. DATE SIGNED 7-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-16-1960		23c. NAME OF CEMETERY OR CREMATORY Forest Cemetery		23d. LOCATION (City, town, or county) (State) Kirkville, Missouri		

24. FUNERAL DIRECTOR Cniles Funeral Home, Lamar, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. July 20, 1960		26. REGISTRAR'S SIGNATURE <i>Eunice Estrout Deputy</i>	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles H. Gibus

Licensed Embalmer No. 3473

P. O. Address James MO

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.