RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ILED VS DEC 1 2 1960

-60-042925
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sale Memorial Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Neosho
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 221 E. Main St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First DAVID Middle ELDER Last SHARTEL

4. DATE OF DEATH: Month Nov. Day 27, Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/4/93
9. AGE (last birthday): 66
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): President
10b. KIND OF BUSINESS OR INDUSTRY: Shartel Mtg. Co.
11. BIRTHPLACE (City and state or country): Nevada Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: C. M. Shartel
13b. MOTHER'S MAIDEN NAME: Elanor Stratton
14. NAME OF HUSBAND OR WIFE: Lucile Shartel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.: 486-01-8547
17. INFORMANT: Mrs. Lucile Shartel, Address: Neosho Mo.

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 lung, left — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
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 Nov 1957, to Nov 27, 1960 and last saw him alive on Nov 27, 1960
Death occurred at 9:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold C. Lentz M.D.
22b. ADDRESS: Neosho Mo.
22c. DATE SIGNED: 12-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/29/1960
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
23d. LOCATION (City, town, or county) (State): Neosho Missouri

24. FUNERAL DIRECTOR: Thompson Funeral Home, ADDRESS: Neosho Mo.
25. DATE RECD. BY LOCAL REG.: 12/8/1960
26. REGISTRAR'S SIGNATURE: Delwin C. Bowman M.D. By Rc

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

DEC 13 1985

DEC 24 1985

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 Jimmie C. Jobe, Student Embalmer No. 619

working under my personal supervision.

Student Jimmie C. Jobe
Signature of Student Embalmer

Signed Lloyd M. Damron

Licensed Embalmer No. 5065

P. O. Address Neosho, Missouri

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