

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1961 226

-61-030157
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 27

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY MONROE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		Length of stay in 1b 18 Yrs	c. CITY OR TOWN MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 429 Catherine St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 429 CATHERINE ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IRA Middle LEE Last SHAVER			4. DATE OF DEATH Month AUGUST Day 15 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-9-1909	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY POULTRY	11. BIRTHPLACE (City and state or country) ROLLS COUNTY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ARTIE SHAVER		13b. MOTHER'S MAIDEN NAME MARY LAVENIA TURNBOUGH		14. NAME OF HUSBAND OR WIFE SALLY E. SHAVER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address <i>Mrs. Sally E. Shaver Monroe City, Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung - R.U.L. DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 15 months	
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"/> N. <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____						
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 12-25-60 to 8-15-61 and last saw him alive on 8-8-61 Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE F. M. Sumner, D.O. (Degree or title)			22b. ADDRESS Monroe City, Mo.		22c. DATE SIGNED 8-17-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-17-61	23c. NAME OF CEMETERY OR CREMATORY ST JUDES CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS Wilson Sons Monroe City, Mo			25. DATE RECD. BY LOCAL REG. 8-18-61	26. REGISTRAR'S SIGNATURE Elsie Miller		

AUG 28 1961

MS AUG 25 1961

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

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilcox _____

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.