MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-014633
STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 14

FILED APR 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Plattsburg — Length of stay in 1b: 10 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 306 Broadway — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: Plattsburg — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 306 Broadway — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Berry — Middle Miller — Last Shaver
4. DATE OF DEATH: Month April — Day 11, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/11/1882
9. AGE (last birthday): 79 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Clinton County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Jacob Shaver
13b. MOTHER'S MAIDEN NAME: Nancy Miller
14. NAME OF HUSBAND OR WIFE: Rose Shaver (Dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Kenneth Moore, Address: Liberty, Missouri

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): Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 2 yrs
DUE TO (c): Arterio Sclerosis — 2 yrs
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 1950 to Apr 11-1962 and last saw her/him alive on Apr 11 1962
Death occurred at 4 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W B Spalding MD
22b. ADDRESS: Plattsburg Mo
22c. DATE SIGNED: Apr 12-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/13/1962
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetry
23d. LOCATION (City, town, or county) (State): Plattsburg, Missouri
24. FUNERAL DIRECTOR: Lyon Funeral Home Inc, ADDRESS: Plattsburg, Mo.
25. DATE RECD. BY LOCAL REG.: 4-13-62
26. REGISTRAR'S SIGNATURE: Mary W Scearce

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1962

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 Philip E. C[illegible]

Licensed Embalmer No. 4993

P. O. Address Hawthorn 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.