MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044266

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6036 STATE FILE NUMBER

FILED DEC - 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 1 Day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 911 Linwood, V. A. Bldg — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Franklin
c. CITY OR TOWN: Wellsville — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Freeman Middle H. Last Shawen

4. DATE OF DEATH: Month Nov. Day 5, Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH: Mar. 29,
9. AGE (last birthday): 1887 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): Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Wellsville, Kansas
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Charles Shawen
13b. MOTHER'S MAIDEN NAME: Mahola Arms Helwick
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W. W. I (If yes, give war or dates of
16. SOCIAL SECURITY NO.
17. INFORMANT: Everett Shawen, Wellsville, Kansas

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 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary artery occlusion — 1 day
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 [X] 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 Sept 1963, to 10-4-63 and last saw him alive on 10-4-63
Death occurred at 3:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. F. Steffen M. D.
22b. ADDRESS: 1103 Grand Ave, Kan. City, Mo.
22c. DATE SIGNED: 11-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-6-63
23c. NAME OF CEMETERY OR CREMATORY: Wellsville
23d. LOCATION (City, town, or county) (State): Wellsville, Kansas

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 11-6-63
26. REGISTRAR'S SIGNATURE: Bessie Smith

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lawrence Steffen
1220 Prof. Bldg
KC Mo
Vi 2-8180
Research Hosp.

DEC 2 1963

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas 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.