

REC'D SEP 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29501

Do not use this space.

## 1. PLACE OF DEATH

(a) County Knot Registration District No. 444  
(b) Township Myrtle Primary Registration District No. 5603  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 48  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otilia Shaver

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>F</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>X</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 5, 1858</b>		
7. AGE YEARS <b>80</b>	MONTHS <b>10</b>	DAYS <b>20</b>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>none</b>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <b>Warren County</b> (STATE OR COUNTRY) <b>Ohio</b>		
13. NAME <b>Benjamin Shaver</b>		
14. BIRTHPLACE (CITY OR TOWN) <b>Ohio</b> (STATE OR COUNTRY)		
15. MAIDEN NAME <b>Rugh Lundy</b>		
16. BIRTHPLACE (CITY OR TOWN) <b>Ohio</b> (STATE OR COUNTRY)		
17. INFORMANT <b>Perley Shaver</b> (ADDRESS) <b>Hurdland, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Hurdland Mo</b> I.O.O.F. DATE <b>8/27</b> , 19 <b>39</b>		
19. FUNERAL DIRECTOR (NAME) <b>Geo. B. Smith</b> (ADDRESS) <b>Hurdland Mo</b>		
20. FILED <b>Aug 27, 1939</b> <b>Mrs. C.M. Smith</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 25, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 24, 1939**, to **Aug 25, 1939**  
I last saw him/her alive on **Aug 24, 1939**. Death is said to have occurred on the date stated above, at **7** a.m.  
The principal cause of death and related causes of importance were as follows:  
**Disease of Coronary Artery.**

Date of onset **9/4/39**

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) **J.R. Northcott**, M. D.  
**395** (Address) **Knot Co. Mo.**

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1625

Date Filed SEP 12 1939

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,

*Geo B Easley Jr*

, or by

Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*Geo B Easley Jr*

Licensed Embalmer No.

37158

P. O. Address

Herdland 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 this body is not embalmed, above space should be left blank.