No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37117

Primary Registration District No. 2001

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 52 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt # 1 Webb City
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward James SHREVE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 14th. (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	5	15	hr. min.

9. Birthplace Le Sueur (City, town, or county) Minn. (State or foreign country) 1

10. Usual occupation

11. Industry or business

FATHER
12. Name Alexander R. Shreve
13. Birthplace (City, town, or county) West Virginia (State or foreign country) 1

MOTHER
14. Maiden name Ella Glass
15. Birthplace (City, town, or county) Maryland (State or foreign country) 1

16. (a) Informant Roy Shreve
(b) Address 2401 West 4th St. Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) ,1948 (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mort.
(b) Address 305 West 4th St Joplin, Mo.

19. (a) 12-4-48 (Date received local registrar) (b) Ed D. James by Dolores Campbell (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th.
year 1948 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from July 29, 1948 to Nov. 30, 1948
that I last saw him alive on Nov. 30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, left lung — Duration 6 days

Due to Mediastinal metastasis — 2 mos.

Due to Primary Bronchogenic Carcinoma, of right lung — 4 mos.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 47P

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Burkiss E. Delar Jr. (M. D. or other) MD

Address 410 Jackson Date signed 12/2/48

(Licensed Embalmer's Statement on Reverse Side)

48-12-1020

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 Jesse O. Hullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Elding M Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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, fact should be so stated above.