S. No. 300
DM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 7 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40890

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 114

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale Memorial Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Neosho R#3 1
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Edgar Omer Shaver
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Cora Belle Shaver
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October (Month) 11 (Day) 1874 (Year)
8. AGE: Years 74 Months 2 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ____
MOTHER FATHER
12. Name Franklin Martin Shaver
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0 (City, town, or county) (State or foreign country)
16. (a) Informant Goldie Coleman
(b) Address Mission Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho Lodge Cem
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) Jan 1, 1949 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1948 hour 11:30 minute a. M.
21. I hereby certify that I attended the deceased from ____ 19__, to ____ 19__; that I last saw him ~~alive~~ dead on 12-29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cause of death Unknown	
Probable organic heart disease	
Due to: Died while being admitted to	
hospital, before being examined by	
Due to: a doctor.	
Other conditions: Natural Causes (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy No

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? ____
While at work? ____ (Specify type of place) (e) Means of injury 3
23. Signature Corley Thompson (M. D. or other)
Address Neosho Mo. Date signed 12/29/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Newton Ogden 4th

District Health Officer No. 1449-8

District Filing No.

Date Filed 1-5-49

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 Kenneth Patterson, Registered Apprentice No. 270, working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.