

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2253

FILED FEB 7 1949

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> - b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saltriver Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Mo R.F.D. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Perry, Mo. R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>SHAWAN</u> c. (Last) <u>Shaver.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1949.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July, 27, 1882</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: <u>5</u> Days <u>12</u> Hours <u>12</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls Co, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Shaver</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Jane Young.</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Shaver.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosa Shaver Perry, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>12 mo.</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric carcinoma</u>		- ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>15 11</u>				

19a. DATE OF OPERATION <u>9-9-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gastric carcinoma</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8-27, 1948, to 1-9, 1949, that I last saw the deceased alive on 1-6, 1949, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. N. Lemmon, D.O.</u>		23b. ADDRESS <u>Monroe City, Mo.</u>		23c. DATE SIGNED <u>1-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Ralls Co, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-11-49</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Wilkey Perry, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No.

District File Number 249

Date Filed FEB 4 - 1949

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 _____
Student Embalmer

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.