

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4 mo. 5506
State File No. 2-6

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

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5725 Registrar's No. 2-6

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>macon Hudson</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> | |
| c. LENGTH OF STAY (in this place) <u>3 1/2 mos.</u> | | d. STREET ADDRESS (If rural, give location) <u>1025 7th St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Osteopathic Sanitarium</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>M.</u> c. (Last) <u>Shriver</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 '49</u> |
| 5. SEX <u>M. U</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>March 2, 1859</u> |
| 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Postal clerk</u> | 11. BIRTHPLACE (State or foreign country) <u>Burnsey Co., Ohio</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>John Shriber</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Richmond</u> | 14. NAME OF HUSBAND OR WIFE <u>Emma Amos Shriver</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John B. White</u> ADDRESS <u>809 Central Monett, Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Senile Dementia</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>522X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | 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 <u>Oct. 30, 1948</u> , to <u>Feb. 11, 1949</u> , that I last saw the deceased alive on <u>2-11</u> , 1949, and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Eldon A. Morgan, D.O.</u> | | 23b. ADDRESS <u>Macon Mo</u> | 23c. DATE SIGNED <u>2-11-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u> | 24b. DATE <u>Feb. 12, 49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F ceme.</u> | 24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3-9-49</u> | REGISTRAR'S SIGNATURE <u>Opeth McNeely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u> | ADDRESS <u>macon mo</u> |

MAY 20 1949

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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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon Md

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.