

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7499

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 310	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			c. LENGTH OF STAY (in this place) 42 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp				d. STREET ADDRESS (If rural, give location) 324 Arizona Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Viola b. (Middle) Belle c. (Last) Shanks			4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 49				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-23 -1874		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Dearborn, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Kerns		13b. MOTHER'S MAIDEN NAME Mary Hill		14. NAME OF HUSBAND OR WIFE Ephriam Shanks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ephriam Shanks-324 Arizona				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive jaundice ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholelithiasis DUE TO (c) Cholecystitis + Cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH 5 weeks 4 1/2 years NOT KNOWN 1 week
19a. DATE OF OPERATION Feb 14, 1949		19b. MAJOR FINDINGS OF OPERATION Chronic Cholecystitis, Cholelithiasis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 584th (COUNTY) (STATE)			
21d. TIME OF INJURY		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 Feb 4, 1949, to Mar 15, 1949, that I last saw the deceased alive on Mar 14, 1949, and that death occurred at 9:20A. m., from the causes and on the date stated above.							
23a. SIGNATURE John R. McDaniel, M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo. 902 Edmond St.		23c. DATE SIGNED 3/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-49	24c. NAME OF CEMETERY OR CREMATORY Mt Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Mar. 24, 1949		REGISTRAR'S SIGNATURE G. E. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home St. Joseph, Mo.			

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

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.

Signed..... *Victor Barry*

Signed.....
Student Embalmer

Licensed Embalmer No. *4212*

P. O. Address *St Joseph 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.