

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17777

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5294 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton Twp.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton Twp.</u>		25
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			d. STREET ADDRESS (If rural, give location) <u>10 Mi. So. East Plattsburg, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Lee</u>	c. (Last) <u>Shaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>12/12/1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>
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	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George W. Shaver</u>		13b. MOTHER'S MAIDEN NAME <u>Oella Miller</u>		14. NAME OF HUSBAND OR WIFE <u>x</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>x x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY SHAVEN</u>		ADDRESS <u>Plattsburg, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			2347	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	2492				
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Mar 8, 1949</u> , to <u>Mar 10, 1949</u> , that I last saw the deceased alive on <u>Mar 10, 1949</u> , and that death occurred at <u>5 1/2</u> mi., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. B. Scholfield, M.D.</u>		23b. ADDRESS <u>Plattsburg Mo.</u>		23c. DATE SIGNED <u>Mar 10 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 11-49</u>	REGISTRAR'S SIGNATURE <u>Bernice Chastaine</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	ADDRESS <u>Plattsburg Mo.</u>		

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

DEC 1 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.

Signed.....

Daniel W. Lyon

Signed.....

Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.