

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27539

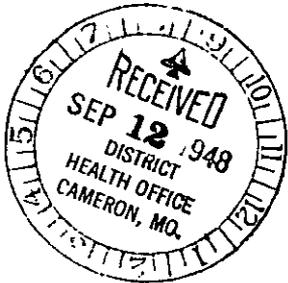
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BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 211	
1. PLACE OF DEATH a. COUNTY Nodaway b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville c. LENGTH OF STAY (in this place) 1 WK. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville d. STREET ADDRESS (If rural, give location) R. F. D. # 1			
3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) LE ROY c. (Last) SHINABARGER			4. DATE OF DEATH (Month) (Day) (Year) 8 6 49				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) never married		8. DATE OF BIRTH 11/14/77	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Valpariso, Indiana	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Elmer Y. Shinabarger		13b. MOTHER'S MAIDEN NAME Susan Cordelia Friend		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Prisco J. Hornum ADDRESS Maryville			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver with Partial obstruction and ascites. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sexual Menses 5810	
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) (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 July 28, 1949 to AUG. 6, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 12:05A m., from the causes and on the date stated above.							
23a. SIGNATURE W. R. Jackson (Degree or title) M. D.				23b. ADDRESS Maryville		23c. DATE SIGNED 8-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/49		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 9-10-49		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE Vince Funeral Home ADDRESS Maryville, Mo.			

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

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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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L. Souter
Student Embalmer

Signed Clem M. Prie

Licensed Embalmer No. 1822

P. O. Address Maryville 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.