

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29093

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Heosauka</u>	
c. LENGTH OF STAY (In this place) <u>1 M. 7 D.</u>		d. STREET ADDRESS (If rural, give location) <u>State Hospital # 37</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Shanks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 16 1949</u>	
5. SEX <u>Male</u> COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	
6. DATE OF BIRTH <u>8-15-1873</u>		9. AGE (In years last birthday) <u>76</u> UNDER 1 YEAR Months <u>2</u> Days <u>1</u> IF UNDER 1 MTH. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Dept. Manufacturing Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>Foreign</u>	
13a. FATHER'S NAME <u>William Shanks</u>		13b. MOTHER'S MAIDEN NAME <u>Lavisa Fisher</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Maude Shanks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Don't know</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Shanks - Nevada Mo.</u>		ADDRESS	
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.		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> 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 <u>5 yrs +</u>	
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) <u>no</u>		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) <u>_____</u>		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>7-9-</u> , <u>1949</u> , to <u>8-16-</u> , <u>1949</u> , that I last saw the deceased alive on <u>8-16-</u> , <u>1949</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Beach</u> (Degree of title) <u>Dr. M. D.</u>		23b. ADDRESS <u>State Hospital # 3</u>	
23c. DATE SIGNED <u>8.16.49</u>			
24a. BURIAL (Specify) <u>Private</u>		24b. DATE <u>Aug. 15-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Nevada Burial Park Nevada Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 22, 49</u>		REGISTRAR'S SIGNATURE <u>W. H. Hays</u>	
331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Larry Ferguson</u>	
ADDRESS <u>_____</u>		ADDRESS <u>_____</u>	

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

408
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11

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RECEIVED
District Health Officer No.

7-49-10
8-29-47

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 _____

John G. Lewis

Student Embalmer No. 331

working under my personal supervision.

Signed *John G. Lewis*
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 1760

P. O. Address Nevada 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.