

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36230**

FILED DEC 7 1949

BIRTH NO. _____ REG. DIST. NO. **8** PRIMARY REG. DIST. NO. **4021** Registrar's No. **13**

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Laddonia, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Guivre Township	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 5 1/2 mi. N.E. of Laddonia, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Britton Nursing Home			
3. NAME OF DECEASED a. (First) Ira		b. (Middle) Belle	
c. (Last) Shotwell		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 8 1875
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10 Days 21	IF UNDER 24 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	11. BIRTHPLACE (State or foreign country) Farber, Mo.
10c. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Criswell		13b. MOTHER'S MAIDEN NAME Amanda Harrelson	
14. NAME OF HUSBAND OR WIFE John R. Shotwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME John R. Shotwell		ADDRESS Laddonia	
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) Carcinoma of Lungs INTERVAL BETWEEN ONSET AND DEATH 6-Weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epidermoid carcinoma of cervix with pulmonary metastasis DUE TO (c) metastasis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X			
19a. DATE OF OPERATION None		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., 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 Nov 14 , 1949, to Nov 29 , 1949, that I last saw the deceased alive on 11-29 , 1949, and that death occurred at 11 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) WTK McCall M.D.		23b. ADDRESS Laddonia Mo	
23c. DATE SIGNED 11-29-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30, 1949	
24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery		24d. LOCATION (City, town, or county) (State) Farber Mo.	
DATE REC'D BY LOCAL REG. 11-30-49		REGISTRAR'S SIGNATURE Matthew Hansen	
25. FUNERAL DIRECTOR'S SIGNATURE Willow Benhoff		ADDRESS Laddonia, Mo.	

JAN 5 1950

MAR 23 1954

RECEIVED DEC 5 1949
District Health Officer No. 10
District File Number 12-49-202
Date Filed DEC 5 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.

Student
Student Embalmer

Signed Clyde C. Wilbey

Licensed Embalmer No. 3826

P. O. Address Perry, Ma.

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.