No. 300
10.48

FILED MAR 23 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11588

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 8073 Registrar's No. 5

1001

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

**1. PLACE OF DEATH**
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee
c. LENGTH OF STAY (in this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo [redacted]
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee
d. STREET ADDRESS (If rural, give location): 210 W Parker

**3. NAME OF DECEASED** (Type or Print)
a. (First): Harvey
b. (Middle): Daniel
c. (Last): Shinkard

**4. DATE OF DEATH** (Month) (Day) (Year): March 10 1950

**5. SEX**: Male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Jan. 13, 1909
**9. AGE** (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Shoe Factory Worker
**10b. KIND OF BUSINESS OR INDUSTRY**: Bottom Dept.
**11. BIRTHPLACE** (State or foreign country): Scott Co Mo
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: Wm. J. Shinkard
**13b. MOTHER'S MAIDEN NAME**: Mary E. Wilferth
**14. NAME OF HUSBAND OR WIFE**: Mrs Tillie Shinkard

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 492-12-9031
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Harvey Shinkard
**ADDRESS**: Chaffee Mo

**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): Carbon Monoxide Poison — INTERVAL BETWEEN ONSET AND 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) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home in Garage
**21c. (CITY, TOWN, OR TOWNSHIP)**: Chaffee — (COUNTY): Scott — (STATE): Mo.

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 3 10 50 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: Place Hose on Exhaust pipe of car

22. *I hereby certify that I attended the deceased from* First Call of the Death, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clyde Poe 3 Carover
**23b. ADDRESS**: Sikeston Mo.
**23c. DATE SIGNED**: 2/13/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-13-50
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park
**24d. LOCATION** (City, town, or county): Cape Co. — (State): Mo

**DATE REC'D BY LOCAL REG.**: 3/14/50
**REGISTRAR'S SIGNATURE**: Grace B. MacCready 298
**25. FUNERAL DIRECTOR'S SIGNATURE**: Displinghoff Funeral Home
**ADDRESS**: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 21 1950
District Health Office No. 2,
District File Number 350-202
Date Filed _____

## 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 Jack J. Burnett
Licensed Embalmer No. 4473
P. O. Address Chaffee, Missouri

**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.