

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19458

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 792

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (In this place) 88 yrs. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1515 Francis Street | | d. STREET ADDRESS (If rural, give location) 1515 Francis Street | |

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|-------------------------------------|----------------------------|---------------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Sarah | b. (Middle) Catherine | c. (Last) Shale | 4. DATE OF DEATH (Month) (Day) (Year) July 3 1950 |
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|-------------------------|----------------------------------|--|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH January 8, 1858 | 9. AGE (In years, last birthday) (Months) (Days) (Hours) (Min.) 92 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME David Whitman | 13b. MOTHER'S MAIDEN NAME Mary Nichols | 14. NAME OF HUSBAND OR WIFE Henry B. Shale |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Benham | ADDRESS St. Joseph, Mo. |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Without previous serious illness other than senility - | | DUE TO (c) Woman died in her home | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that ^{Witnessed} I attended the deceased from **on 7/3, 1950**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:00A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE H F Mundy MD (Coroner) | (Degree or title) | 23b. ADDRESS St. Joseph, Mo. | 23c. DATE SIGNED 7/5/50 |
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|--|----------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 5, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Aahland Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri. |
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| DATE REC'D BY LOCAL REG July 6, 1950 | REGISTRAR'S SIGNATURE G. B. Jenkins | 382 | ZENUNERAL DIRECTOR'S SIGNATURE Kalter Meierhoffer | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 11 1950

JUL 7 1954

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, of *****

**** * * * * ****

working under my personal supervision.

Student Embalmer No. *****

Signed

Raymond A. March

Signed.....
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.