S. No. 300
v. 10-48

0240
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26362

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5290 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holt Rural
c. LENGTH OF STAY (in this place):
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: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holt Rural Kearney Township
d. STREET ADDRESS (If rural, give location): 0240

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): WALTER
c. (Last): SHADDEX

4. DATE OF DEATH (Month) (Day) (Year): Aug 12 - 1950

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec 24-1877
9. AGE (In years last birthday): 72 | 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen Farming
11. BIRTHPLACE (State or foreign country): Monroe Co Tenn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James H Shadden
13b. MOTHER'S MAIDEN NAME: Frances C. Howard
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Fannie Simmons
ADDRESS: HOLT 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous Coronary Occlusion — 6 Months prior
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

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

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Aug 12, 1950, *that I last saw the deceased alive on* June 24, 1950, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: James H. Shellenberger (Degree or title) M.D.
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 8-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 14
24c. NAME OF CEMETERY OR CREMATORY: Mindy Park
24d. LOCATION (City, town, or county) (State): North Kearney Mo

DATE REC'D BY LOCAL REG.: Aug. 14. 1950
REGISTRAR'S SIGNATURE: Minnie Haynes 64
25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS: Leonard Fry Kearney Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 21 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Signed Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

Signed _____
Student Embalmer

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.