

No. 300
10.48

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27347

5517

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

BIRTH NO.		REG. DIST. NO. 164	PRIMARY REG. DIST. NO. 3037	Registrar's No. 103
1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. LENGTH OF STAY (If in institution) One week	c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill 1190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Hospital and Clinic Inc.		d. STREET ADDRESS (If rural, give location) /		
3. NAME OF DECEASED (Type or Print) a. (First) Mary Lou b. (Middle) LUCY c. (Last) De Shazer		4. DATE OF DEATH (Month) (Day) (Year) August 5, 1950		
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH 11-10-1868	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE	
13a. FATHER'S NAME Joe E. Haile		13b. MOTHER'S MAIDEN NAME Martha Thurman	14. NAME OF HUSBAND OR WIFE Henry E. DeShazer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) ✓		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis DeShazer Odessa, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Melanosarcoma		INTERVAL BETWEEN ONSET AND DEATH 3 days 1991
19a. DATE OF OPERATION July 25, 1950		19b. MAJOR FINDINGS OF OPERATION Metastatic nodule, melanosarcoma, left axilla		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 August 2, 1950, to August 5, 1950, that I last saw the deceased alive on August 5, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.				
23a. SIGNATURE E. G. KETTNER		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 8/6/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 7, 1950	24c. NAME OF CEMETERY OR CREMATORY Elm Cemetery	24d. LOCATION (City, town, or county) (State) Johnson County Mo.
DATE RECD BY LOCAL REG. Aug 12, 1950		REGISTRAR'S SIGNATURE Savannah C. Hutchins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Candace & Popp Hilden, Mo.

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JOHNSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Samuel R. Repp*

Licensed Embalmer No. *4044*

P. O. Address *Holden MD*

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.