

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *35938*

BIRTH NO. _____		REG. DIST. NO. <i>381</i>		PRIMARY REG. DIST. NO. <i>4515</i> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Sullivan</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Sullivan</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Milan</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Milan</i>		<i>1950</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lacayette</i>		b. (Middle) <i>Shatto</i>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <i>10-19-50</i>		5. SEX <i>male</i>		6. COLOR OF RACE <i>white</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>3-22-1898</i>		9. AGE (In years last birthday) <i>92</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cement Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Jerry Shatto</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth White</i>	
14. NAME OF HUSBAND OR WIFE <i>Mary Gray Montgomery</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Mabel Shatto</i>		ADDRESS <i>Milan Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>arteriosclerotic heart dis.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerotic heart dis.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>			
DUE TO (c)		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>7200</i>	
19a. DATE OF OPERATION		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., 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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1949</i> , to <i>Oct. 19, 1950</i> , that I last saw the deceased alive on <i>Oct. 19, 1950</i> , and that death occurred at <i>10:30</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>R. S. Montgomery</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Milan Mo.</i>	
23c. DATE SIGNED <i>Oct. 23-1950</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-22-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Oakwood Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Milan Mo</i>			
DATE REC'D BY LOCAL REG. <i>Oct. 26-1950</i>		REGISTRAR'S SIGNATURE <i>Mrs. H. B. Harris</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Dwight Schaefer</i>	
		ADDRESS <i>320 Schaefer St. Milan, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 3 10 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-17
Date Filed: OCT 3 1 1950

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 Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Ulan Mo.

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.