

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2177

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5997		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMONS		c. LENGTH OF STAY (In this place) 2 72 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0860			
d. FULL NAME OF HOSPITAL OR INSTITUTION COUNTY HOME				d. STREET ADDRESS (If rural, give location) UNIONVILLE 6			
3. NAME OF DECEASED a. (First) JOSEPH (Type or Print)			b. (Middle) SHADDEN		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) JAN. 24 1951		5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED <input checked="" type="checkbox"/>	
8. DATE OF BIRTH AUG. 11 1876		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ROBERT SHADDEN		13b. MOTHER'S MAIDEN NAME MARY E HAYNES		14. NAME OF HUSBAND OR WIFE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN A SHADDEN UNIONVILLE MO. R.F.D.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH 4201	
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)		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 24 Jan 1951, to Jan 24, 1951, that I last saw the deceased alive on 19, and that death occurred at _____ the causes and on the date stated above.							
23a. SIGNATURE Chas Fowler, Sr., Unionville, Mo.				23b. ADDRESS		23c. DATE SIGNED 1/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL <input checked="" type="checkbox"/>		24b. DATE JAN. 26 1951		24c. NAME OF CEMETERY OR CREMATORY FRIENDSHIP CEMETERY		24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI	
DATE REC'D BY LOCAL REG. 1-27-51		REGISTRAR'S SIGNATURE Marshall Durbin 266		25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME BY J.W. Comstock		ADDRESS UNIONVILLE MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

866
5

Date Received: 1-30-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-307
Date Filed: FEB 6 1951

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

James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.