

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3492

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 833 PRIMARY REG. DIST. NO. 3074 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberton</u>	
c. LENGTH OF STAY (in this place) <u>50 yr</u>		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta C. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RFD - 414 Wilson</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Shadow</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 9, 1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>	11. BIRTHPLACE (State or foreign country) <u>Kuttawa Ky!</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jonas Shadow</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Fultz</u>	14. NAME OF HUSBAND OR WIFE <u>Orval Shadow</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>498-10-5304</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orval Shadow</u>	ADDRESS <u>Liberton</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor. Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>2 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4-2-51</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 I attended the deceased from 12-1, 1950, to 1-9, 1951, that I last saw the deceased alive on 1-9, 1951, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Sarno</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Madhouse, Mo.</u>	23c. DATE SIGNED <u>1-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Liberton Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-20-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Orville Paylor</u>	ADDRESS <u>Liberton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 22 1951  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-27

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**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 William G. Jackett

Licensed Embalmer No. 4661

P. O. Address Sikeston, 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.