

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3583

State File No. ....

FILED FEB 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 10

187

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u>                                     |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location) <u>1253 North Main</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>                             |  |  |  |

|                                     |                         |                             |                             |   |
|-------------------------------------|-------------------------|-----------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Frank</u> | b. (Middle) <u>Benedict</u> | c. (Last) <u>Shrewsbury</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 18, 1951</u> |
|-------------------------------------|-------------------------|-----------------------------|-----------------------------|---|

|                    |                               |   |  |   |                        |                      |                       |                      |
|--------------------|-------------------------------|---|--|---|------------------------|----------------------|-----------------------|----------------------|
| 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>August 6, 1907</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|--|---|------------------------|----------------------|-----------------------|----------------------|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>M.K.T. Frt. Depot</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|--|---|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>Harry Shrewsbury</u> | 13b. MOTHER'S MAIDEN NAME <u>Lydia Young</u> | 14. NAME OF HUSBAND OR WIFE <u>Helen Shrewsbury</u> |
|--|--|---|

|  |  |  |
|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>702-18-1033</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Shrewsbury</u> ADDRESS <u>1253 N. Main Nevada, Missouri</u> |
|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 days</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) <u>1-18-51 3 p.m.</u> | 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 1-12-51, 1951, to 1-18-51, 1951, that I last saw the deceased alive on 1-18-51, 1951, and that death occurred at 3 p.m. m., from the causes and on the date stated above.

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>F.L. Martin M.D.</u> | 23b. ADDRESS <u>Nevada Mo</u> | 23c. DATE SIGNED <u>1-20-51</u> |
|--|-------------------------------|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 20, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> |
|---|--------------------------------|--|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>1-26-1951</u> | REGISTRAR'S SIGNATURE <u>Anna G. Ferris</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Imperatore</u> ADDRESS <u>Nevada Missouri</u> |
|---|---|---|

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 29 1951

Dist. File 121-230

Date Filed 1-29-51

FEB 10 1951

STATEMENT BY LICENSED EMBALMER

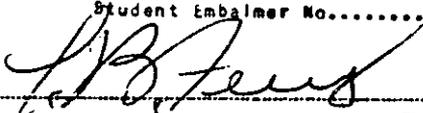
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed



Licensed Embalmer No. 1768

P. O. Address Nevada NW

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.