S. No. 300
v. 10.48

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

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11937

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 0242
d. STREET ADDRESS (If rural, give location): Hotel Francis, 115½ S. Main

3. NAME OF DECEASED (Type or Print)
a. (First): SHUBEAL
b. (Middle): ELBERT
c. (Last): MEANS

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: Mar. 27, 1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 0, Days 28; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Elbert Means
13b. MOTHER'S MAIDEN NAME: Julia Richardson
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Wm. Easley, Liberty, Missouri

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency assoc. with an infarction to muscles of heart — INTERVAL BETWEEN ONSET AND DEATH: sev. das

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 19 51 *to* April 25 19 51 *that I last saw the deceased alive on* April 25 19 51, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Crocker M.D. (Degree or title)
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 5/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-27-51
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG.: 4/27/51
REGISTRAR'S SIGNATURE: Caroline Hutchens (62)
FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Leland Pritchard, Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 8 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

AUG 14 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 Lindell K. Jasman

Signed.....
Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs,

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.