

FILED MAY 31 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20903**

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Carrollville</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollville</u>		0782
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>300 East 4th St</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>JESSE</u>	b. (Middle) <u>T.</u>	c. (Last) <u>SHANDS</u>	(Month) <u>May</u>	(Day) <u>10</u>	(Year) <u>1951</u>

5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-9-1897</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>	
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13a. FATHER'S NAME <u>Bob Shands</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Ann</u>		14. NAME OF HUSBAND OR WIFE <u>Amicus Shands</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Year, rank or grade, or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-03-3834</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amicus Shands</u>		ADDRESS <u>Carrollville</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		DUE TO (b) <u>Coronary Occlusion</u>				<u>Immediate</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				O.K.	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 Jan 1, 1947 to May 10, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 10 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Carrollville, Mo.</u>		23c. DATE SIGNED <u>5/12/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollville MO</u>
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DATE REC'D BY LOCAL REG. <u>5-28-1951</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Carrollville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0782

6-51-136

MAY 28 1951

G. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 Paul C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, 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.