

FILED JUL 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23514

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 2597 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Centerview		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Centerview	
c. LENGTH OF STAY (in this place) 50 Yrs		d. STREET ADDRESS (If rural, give location) RFD Centerview, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Centerview, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Albert A. b. (Middle) A. c. (Last) Shanks		4. DATE OF DEATH July 15, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1868
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Centerview, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Charles Shanks		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE, Julia V. Shanks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia V. Shanks, Centerview Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen Arteriosclerosis		DUE TO (c)		

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION none		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 June 4, 1948, to July 15, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Kelly Rawlins M.D.		23b. ADDRESS Holden Mo		23c. DATE SIGNED 7/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
				24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.	

DATE REC'D BY LOCAL REG. July 18, 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney-Phillips, Warrensburg, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1510
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NOV 9 1954

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 A. C. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.