

STANDARD CERTIFICATE OF DEATH

9468

State File No.

FILED MAR 26 1952

BIRTH NO. ... REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 14

0860

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

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Putnam		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville Rural Elm Twp. 0860		
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital			d. STREET ADDRESS (If rural, give location) Rural, Livonia, Mo.		

3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) Lee		c. (Last) Shaver		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29 1952	
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5. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S <input checked="" type="checkbox"/> N <input type="checkbox"/>		8. DATE OF BIRTH Jan. 21, 1952		9. AGE (In years last birthday) --	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unionville, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Wayne Shaver		13b. MOTHER'S MAIDEN NAME Pansy DeMack		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wayne Shaver, Livonia, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute lymphatic leukemia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Leukemia</i>					
		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		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) <i>2040</i>	
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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?	
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22. I hereby certify that I attended the deceased from *Jan 28, 1952* to *Jan 29, 1952*, that I last saw the deceased alive on *Jan 24, 1952*, and that death occurred at *10 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Charles L. Judd</i>		(Degree or title)		23b. ADDRESS <i>2021 Marshall Mo</i>		23c. DATE SIGNED <i>1-30-52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE <i>Jan. 30, 52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lone Pine Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Putnam Co., Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>3-22-52</i>	REGISTRAR'S SIGNATURE <i>Marcell Durbin</i>		266		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>H. H. Husted & Son Unionville, Mo.</i>	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Murl E. Husted

Signed
Student Embalmer

Licensed Embalmer No. 3304

P. O. Address Waverlyville 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.