

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17139**

FILED JUN 13 1952

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4281** Registrar's No. **59**

0560
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY Lewis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton Canton | | c. LENGTH OF STAY (in this place) Life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton 0560 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS (If rural, give location) 1118 Bland 0 | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Cyrus b. (Middle) Rees c. (Last) Shanks | 4. DATE OF DEATH (Month) (Day) (Year) June 3, 1952 |
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|--------------------|-------------------------------|---|--|---|---------------------------|--------------------------|-------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 21, 1887 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|--|---|---------------------------|--------------------------|-------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail carrier | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Lewis County, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Cyrus F. Shanks | 13b. MOTHER'S MAIDEN NAME Elizabeth Rees | 14. NAME OF HUSBAND OR WIFE Neva Lucas |
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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. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Neva Shanks, Canton, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION | | 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) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 _____, 1950, to **JUNE 3, 1952**, that I last saw the deceased alive on **JUNE 3, 1952**, and that death occurred at **7:30 P. M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) P. W. Jennings M.D. | 23b. ADDRESS CANTON MO | 23c. DATE SIGNED 6-8-52 |
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|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 6, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Forest Grove | 24d. LOCATION (City, town, or county) (State) Canton, Lewis, Mo. |
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| DATE REC'D BY LOCAL REG. 6-11-52 | REGISTRAR'S SIGNATURE P. W. Jennings | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul H. Buckley Canton, Mo. |
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JUL 24 1952

JUL 8 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

Earl A. Rankin

Signed.....
Student Embalmer

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.