

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21380

State File No. _____

St. No. 300
v. 10.48

JUN 30 1952

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|---|--|--|--|---|--|---|----------------------------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>267</u> | | PRIMARY REG. DIST. NO. <u>3049</u> | | Registrar's No. <u>95</u> | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Pinnet</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pinnet</u> | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Pinnet</u> | | c. LENGTH OF STAY (in this place) <u>1071-712</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ward Ave. Caruthersville</u> | | d. STREET ADDRESS (If rural, give location) <u>0782</u> | | | | | |
| d. FULL NAME OF (If not in hospital or institution: give street address or location) <u>Pinnet</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0782</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>S.</u> c. (Last) <u>SHADE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June-5-1952</u> | | 5. SEX <u>0</u> <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>Aug-5-1893</u> | | 9. AGE (In years last birthday) <u>58</u> | | IF UNDER 1 YEAR Months <u>10</u> Days _____ | | IF OVER 1 YEAR Years _____ Months _____ Days _____ Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTO DEALER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO DEALER</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fremont, OHIO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>EDWARD S. SHADE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MINNIE J. STANK</u> | | | 14. NAME OF HUSBAND OR WIFE <u>MRS. GRACE SHADE</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WW I</u> | | | 16. SOCIAL SECURITY NO. <u>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. S. Shade</u> <u>Caruthersville</u> | | | | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Received in car wreck</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | MEDICAL CERTIFICATION <u>Cerebral thrombosis</u> <u>Received in car wreck</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>20</u> <u>Months</u> <u>27</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>---</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Washers</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ward Ave. Caruthersville, MO</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6:55 AM 5/5/52</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Car Wreck</u> | |
| 22. I hereby certify that I attended the deceased from <u>6/5</u> , 19 <u>52</u> to <u>6/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/5</u> , 19 <u>52</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>L. S. Shade</u> (Deputy or title) | | | | 23b. ADDRESS <u>Caruthersville, Mo</u> | | | | 23c. DATE SIGNED <u>6/18/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/8/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PRAIRIE</u> | | 24d. LOCATION (City, town, or county) (State) <u>CARUTHERSVILLE, MO</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>6-24-52</u> | | REGISTRAR'S SIGNATURE <u>John W. German</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>DeFogel Undertaking Co</u> | | ADDRESS <u>Caruthersville MO</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

981
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6-52-194

Rec JUN 27 1952

JUN 28 8 10 AM '52

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

JUL 22 1952

JUL 20 1952

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 Noel C. Deane

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.