

FILED

JUL 1952  
KaiserTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21381

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	
c. LENGTH OF STAY (If this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>Buckley</u> c. (Last) <u>Shaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1952</u>		
5. SEX <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>Oct 18, 1888</u>		9. AGE (years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	
11. IF UNDER 2 HRS. Hours <u>10</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Waverly Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Shirwood Shaver</u>	
13b. MOTHER'S MAIDEN NAME <u>Melissa</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Mae Shaver</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clint Shaver</u>		ADDRESS <u>Locust Grove Ark</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		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) <u>Hypertensive Cardiovascular disease</u>			
DUE TO (c) <u>vascular disease</u>		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"/>	

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) (Min.)		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 6-22, 1952 to June 28, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 3:25 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>C. D. Kaiser</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Hayti, Mo</u>		23c. DATE SIGNED <u>6-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Gorman</u>		ADDRESS <u>Hayti, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-52</u>		REGISTRAR'S SIGNATURE <u>John W. Gorman</u>		406-0	

(Licensed Embalmer's Statement on Reverse Side)

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

781

7-52-207

Rec. JUL 7 1952

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

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Raymond L. Duffie*

Licensed Embalmer No. *4798*

P. O. Address *Layti, 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.