

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23717

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 823

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 S. 18th St.</u> | | d. STREET ADDRESS (If rural, give location) <u>614 S. 18th St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> | b. (Middle) <u>Witley</u> | c. (Last) <u>Shawver</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1952</u> |
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| 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>November 19, 1889</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 WKS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>motor mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Pioneer Electric Co.</u> | 11. BIRTHPLACE (State or foreign country) <u>Huppert, W. Virginia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Allen E. Shawver</u> | 13b. MOTHER'S MAIDEN NAME <u>Lucena Crane</u> | 14. NAME OF HUSBAND OR WIFE <u>Pearl</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>491-09-2479</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Shawver, 614 S. 18th St., St. Joseph, MO</u> |
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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 | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> | | Interval between onset and death <u>several years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>Chronic Interstitial Nephritis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | Interval between onset and death <u>several years</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>592x</u> | 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) |
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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 8/3, 1952 to 8/4, 1952, that I last saw the deceased alive on 8/4, 1952, and that death occurred at 9:23a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Ernest C. Conrad, D.O.</u> | 23b. ADDRESS <u>426 Kirkpatrick Bldg. St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>8/4/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/6/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Aug 6, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C. Carter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hester-Bowman Funeral Home St. Joseph, Mo.</u> |
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Intestinal
 formerly

AUG 22 1937

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 _____

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, 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.