

STANDARD CERTIFICATE OF DEATH

State File No. **8649**

FILED MAR 17 1953

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 2012 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Andrew Co.</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Union Star .R.R.</u> c. LENGTH OF STAY (in this place) <u>30</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Miles west of Union Star Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Andrew.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star Mo.</u> d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles west of Union Star Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Shauck</u> b. (Middle) <u>Smith.</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3.3.1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6.10.1866</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>86</u> <u>8</u> <u>21</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington Ohio</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shauck</u>		14. NAME OF HUSBAND OR WIFE <u>Eunice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Smith. Union Star Mo.R.R.</u>		ADDRESS <u>Union Star Mo.R.R.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Influenza</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>481X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>2-17, 1953, to 3.3.1953, 1953</u> , that I last saw the deceased alive on <u>Feb 2, 1953</u> , and that death occurred at <u>7:15P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. M. Reynolds M.D.</u>		23b. ADDRESS <u>Union Star Mo</u>	
23c. DATE SIGNED <u>3.5.1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3.6.1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Star Chapel</u>	
24d. LOCATION (City, town, or county); (State) <u>King City Mo. R.F.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Gagnant</u>	
DATE REC'D BY LOCAL REG. <u>3-6-53</u>		REGISTERAR'S SIGNATURE <u>Lillian Sparks</u>	
ADDRESS <u>King City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Gagnant</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0020

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MAR 27 1968

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

P. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.