

STANDARD CERTIFICATE OF DEATH

State File No. 20890

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

FILED JUN 29 1953 REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5154 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Marion)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>610 West 4th</u>	
c. LENGTH OF STAY (in this place) <u>7 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>10 Miles South East of Cameron, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>Shoan</u> c. (Last) <u>Shoan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 2 53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March-25-1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR OF MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Lewis MATHLATT</u>		13b. MOTHER'S MAIDEN NAME <u>SAMANTHA Chadwell</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E Shoan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rolla Shoan Cameron</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <u>Hypertension</u>		<u>15 yrs</u>
DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>15 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic arthritis</u>		<u>20 yrs</u>

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 8-9, 1951, to 5-27, 1953, that I last saw the deceased alive on 5-27, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Wetherston</u>		23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>6-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>	

DATE REC'D BY LOCAL REG. <u>June 23-53</u>	REGISTRAR'S SIGNATURE <u>Shudys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JOHN FUNERAL HOME</u>	ADDRESS <u>CAMERON MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1955

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 Robert J Poloud

Licensed Embalmer No. 4777-3#

P. O. Address Camden, N.J.

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.