

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5295</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</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 town) <u>Rural Concord</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		d. STREET ADDRESS (If rural, give location) <u>North Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lewis Rest Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gus</u>		b. (Middle) _____		c. (Last) <u>Shade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>March 25 1863</u>	
9. AGE (In years, last birthday) <u>90</u>		Months <u>4</u> Days <u>28</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tadsville Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>NOT KNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	
13c. FATHER'S NAME _____		13d. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Lettie Shade</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clinton Co. Relief</u>		ADDRESS <u>Plattsburg Mo</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>Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 MO</u>			
ANTECEDENT CAUSES				DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				DUE TO (c) <u>Malnutrition</u>			
Conditions contributing to the death but not related to the disease or condition causing death.				3 MO			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4222</u>		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) _____		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>Aug 5, 1953</u> , to <u>Aug 23, 1953</u> , that I last saw the deceased alive on <u>Aug 22, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. B. Sheldahl</u>				(Degree or title) _____		23b. ADDRESS <u>Plattsburg Mo</u>	
23c. DATE SIGNED <u>Aug 24 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colored Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. D. Lyon</u>		ADDRESS <u>Plattsburg Mo.</u>			
DATE REC'D BY LOCAL REG <u>Sept. 22/53</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Pearce</u>		441 - _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Donald R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.