No. 300
No. 48

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

FILED OCT 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36373

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 142

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede 0530
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lebanon T. S. 0
d. STREET ADDRESS (If rural, give location): R. R. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Hazel
b. (Middle): J
c. (Last): Shantz

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Dec. 22 1894
9. AGE (In years last birthday): 58
If under 1 year: Months: ___ Days: ___
If under 24 hrs.: Hours: ___ Min.: ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Lebanon Packing Co.
11. BIRTHPLACE (City and State or Foreign Country): Marshfield Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Wm. Barnes
13b. MOTHER'S MAIDEN NAME: Mary L. Blankenship
14. NAME OF HUSBAND OR WIFE: Edwin O. Shantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-24-5108
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Roselyn Adkins
ADDRESS: Lebanon Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage & Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: Oct 6, 1953

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subarachnoid Hemorrhage — 2 wks
DUE TO (c) Thrombocytopenic Purpura — 2 mos

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1953 *to* Oct 6, 1953, *that I last saw the deceased alive on* Oct 6, 1953 *and that death occurred at* 5.10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul A Jenkins
(Degree or title): MD
23b. ADDRESS: Knight Bldg Lebanon Mo.
23c. DATE SIGNED: 10-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Lebanon
24d. LOCATION (City, town, or county) (State): Lebanon Mo.

DATE REC'D BY LOCAL REG.: 10-10-1953
REGISTRAR'S SIGNATURE: Stella L. Clay 424-0
25. FUNERAL DIRECTOR'S SIGNATURE: Palmer
ADDRESS: Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

Received ..... OCT 17 1953
Laclede County Health Unit
File No. 10-53-152
Date Filed ..... OCT 20 1953

NOV 1 1953

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 L. R. Palmer

Licensed Embalmer No. 3208

P. O. Address Lebanon 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.