

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22196

State File No.

FILED JUL 19 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 758

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 60 years	c. CITY OR TOWN Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview-Sunnyslope Nursing Home 3225 S. 11th St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 0 110 1		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) Eva	a. (First)	b. (Middle)	c. (Last) Shapter	4. DATE OF DEATH July 5, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH November 9, 1871	9. AGE (In years last birthday) 82	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Clearwater, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Davis	13b. MOTHER'S MAIDEN NAME Malinda unknown	14. NAME OF HUSBAND OR WIFE Henry
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William Shapter, Faucett, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - heart disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Factor, intercolic, right femur 3 weeks			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200 F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wallace Buchanan Missouri
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21d. TIME OF INJURY June 15, 1954 ? m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tripped and fell over rug.
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22. I hereby certify that I attended the deceased from June 15, 1954 to July 5th, 1954, that I last saw the deceased alive on 4 July, 1954, and that death occurred at 6:08 A. m., from the causes and on the date stated above.

23a. SIGNATURE Willie P. McDonald (Degree or title) M.D.	23b. ADDRESS 301 N. 8th St., St. Joseph, Mo.	23c. DATE SIGNED July 6, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/7/1954	24c. NAME OF CEMETERY OR CREMATORY Turner Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.
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DATE REC'D BY LOCAL REG. July 15, 1954	REGISTRAR'S SIGNATURE Ruthen M. Allison	485 -	25. FUNERAL DIRECTOR'S SIGNATURE Hester Bowman St. Joseph Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *William Spaulding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *275 St. S. S. S.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.