

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24038

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland, Mo</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>Richland, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>None</u> <u>0850</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Wesley</u>		c. (Last) <u>Shaha</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 8, 1871</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stoutland, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Andrew Jackson Shaha</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fletcher</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Simpson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Shaha</u> ADDRESS <u>Richland, MO</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u> DUE TO (c) <u>previous stroke</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>334X</u>					20. AUTOPSY?-- YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. 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) (Min.)		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>July 27, 1954</u> to <u>Aug 5, 1954</u> , that I last saw the deceased alive on <u>Aug 5, 1954</u> and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Neil C. Anderson M.D.</u>				23b. ADDRESS <u>Richland, Missouri</u>		23c. DATE SIGNED <u>7 Aug 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 8, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutland, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-7-54</u>		REGISTRAR'S SIGNATURE <u>Neil C. Anderson</u>		458- FUNDRAISING DIRECTOR'S SIGNATURE <u>Elizabeth K. Hedger</u>		ADDRESS <u>Richland, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED 8-9-54  
Franklin County Health Officer  
File Number  
Date Filed 8-9-54

**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 *Walter P. Hedges*.....

Licensed Embalmer No. *426*.....

P. O. Address *Meriden, Ct.*.....

**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.**