

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. GOOD

State File No. 37092

FILED DEC 13 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1118

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place) <b>4 MONTHS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		0396
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGER-CONNELLY REST HOME</b>			d. STREET ADDRESS (If rural, give location) <b>BURGER-CONNELLY REST HOME</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ORION</b> b. (Middle) <b>B.</b> c. (Last) <b>SHANK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 9 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>UNKNOWN, ABOUT</b>		9. AGE (In years last birthday) <b>81</b> IF UNDER 12 YEARS: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLERK</b>	11. BIRTHPLACE (State or foreign country) <b>UNKNOWN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT'S SIGNATURE OR NAME <b>REST HOME RECORDS</b> ADDRESS <b>SPRINGFIELD, MO.</b>		
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 INTERVAL BETWEEN ONSET AND DEATH <b>5 mo</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Artery Thrombosis</b>			DUE TO (b)  DUE TO (c)		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			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 <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) <b>332 X</b>		
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 <b>July 1954</b> , to <b>Dec 9, 1954</b> , that I last saw the deceased alive on <b>Dec 3, 1954</b> , and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>James Good</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>12-10-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/11/54</b>	24c. NAME OF CEMETERY OR CREMATOR <b>HAZELWOOD</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>12-11-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. LOHMEYER</b> ADDRESS <b>SPRINGFIELD, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DEPARTMENT OF HEALTH - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

MAR 2 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 \_\_\_\_\_

*Levi L. Hunt*

Licensed Embalmer No. \_\_\_\_\_

4789

P. O. Address \_\_\_\_\_

*Springfield*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.