

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11155**

FILED APR 15 1955

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **253**

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1401 N. Main		d. STREET ADDRESS (If rural, give location) 1401 N. Main St.	
3. NAME OF DECEASED a. (First) Francis b. (Middle) W. c. (Last) Shadle			4. DATE OF DEATH (Month) (Day) (Year) March 29, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1876
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 1 Days 4	IF UNDER 6 MRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Mt. Carmell, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Link		13b. MOTHER'S MAIDEN NAME Link	
14. NAME OF HUSBAND OR WIFE Eldora Powers Shadle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F. Shadle Poplar Bluff, Mo.			
MEDICAL CERTIFICATION			
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.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease, chronic			??
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, chronic			
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 yrs 3 mos.
19a. DATE OF OPERATION 4 Dec 54			19b. MAJOR FINDINGS OF OPERATION Surgical retaining catheter inserted suprapubically
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		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>13 Nov.</u>, 19<u>52</u>, to <u>29 March</u>, 19<u>55</u>, that I last saw the deceased alive on <u>29 March</u>, 19<u>55</u>, and that death occurred at <u>9:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. Lester Harwell, M.D.			23b. ADDRESS Poplar Bluff, Mo.
23c. DATE SIGNED 2 Apr 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-1-55	
24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 4/7/55		REGISTRAR'S SIGNATURE Frank Cotrell	
25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell		ADDRESS Poplar Bluff, Mo.	

RECEIVED

APR 11 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Wallace R Knight

Licensed Embalmer No. 4576

P. O. Address 412 W. Poplar Bluff - 1

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.