S. No. 300
v. 10.48

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

3533

State File No.

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6140 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: SHELBY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL RTE 1
c. LENGTH OF STAY (In this place): 40 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLARENCE MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SHELBY
c. CITY OR TOWN: CLARENCE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RURAL ROUTE 1 1620

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): E
c. (Last): SHALE

4. DATE OF DEATH (Month) (Day) (Year): JAN 31 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 26 1880
9. AGE (In years last birthday): 75
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: GENERA FARMING
11. BIRTHPLACE (City and State or Foreign Country): MO SHELBY CO
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: WM. SHALE
13b. MOTHER'S MAIDEN NAME: ELIZABETH JOHNSON
14. NAME OF HUSBAND OR WIFE: MAUDE SHALE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS MAUDE SHALE
ADDRESS: CLARENCE 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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ASCITES — 8 weeks
DUE TO (c) Coronary Insufficiency — 13 weeks

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: 4 201
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* NOV 1, 19 55, *to* Jan 31, 19 56, *that I last saw the deceased alive on* JAN 31, 19 56, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B.L. Edrington D.O.
23b. ADDRESS: Clarence, Mo
23c. DATE SIGNED: Feb 3 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-2-56
24c. NAME OF CEMETERY OR CREMATORY: UNION CEMETERY
24d. LOCATION (City, town, or county): SHELBY COUNTY
(State): MO

DATE REC'D BY LOCAL REG.: 2-9-56
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE: Charles J. Gearing
ADDRESS: Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1956

FEB 15

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles V. Greem

Licensed Embalmer No. 4629

P. O. Address Clarence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.