

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27475

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Lexington		c. LENGTH OF STAY (in this place) 40 years	c. CITY OR TOWN Lexington
d. FULL NAME OF HOSPITAL OR INSTITUTION 725 Highland Avenue			
STREET ADDRESS (If rural, give location) 725 Highland Avenue 05420			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) HOWARD	b. (Middle) ARTHUR	c. (Last) SHINN	August 8 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 23 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 11 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry work		10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jeremiah J. Shinn		13b. MOTHER'S MAIDEN NAME Mary A. Howard		14. NAME OF HUSBAND OR WIFE Annie Ashford Shinn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Howard Shinn Lexington, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart failure & block		INTERVAL BETWEEN ONSET AND DEATH several years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular heart disease		
	DUE TO (c) Phlebotomy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 414X		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)	
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 **August 10 1956** **home**, that I last saw the deceased alive on **Aug 25, 1956**, and that death occurred at **11:20pm** from the causes and on the date stated above.

23a. SIGNATURE B. P. [Signature]		23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 8-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 10 '56		24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	
				24d. LOCATION (City, town, or county) (State) Lexington, Missouri	

DATE REC'D BY LOCAL REG. 8-22-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Lexington, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

SEP 11 1956

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 *Thomas W. Tolson*
Licensed Embalmer No. *4859*

P. O. Address *Leighton*

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.