

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40270**

FILED DEC 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **5153** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Kingston Twp.</b>	c. LENGTH OF STAY (in this place) <b>4 Yrs.</b>	c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <b>3 mi. south of Hamilton</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Shadle</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 8, 1869</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Snider Co., Pennsylvania</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Peter Sholly</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Stalk</b>	14. NAME OF HUSBAND OR WIFE <b>James M. Shadle</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Shadle</b> ADDRESS <b>Hamilton, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <b>Cerebral hemorrhage - Rheumatoid arthritis</b>		<b>15 yrs. 20 yrs.</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Hamilton Caldwell MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Jan 1949, 19** to **Dec 9, 1956**, that I last saw the deceased alive on **Dec 9, 1956**, and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank R. Daley, M.D.</b> (Degree or title)	23b. ADDRESS <b>Hamilton, Mo.</b>	23c. DATE SIGNED <b>12-10-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-11-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hamilton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-13-56</b>	REGISTRAR'S SIGNATURE <b>Gladys Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris A. Brown</b> ADDRESS <b>Hamilton Mo.</b>
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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.....  
*Morris A. Bram*

Licensed Embalmer No. *3918*

P. O. Address *Hamilton*

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.