

FILED AUG 6 1957

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 131

300
1-572

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wash Township</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Nevada</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital 3</u> | | Length of stay in lb <u>14 1/2 m</u> | d. STREET ADDRESS (If outside, give location) <u>618 East Dyamore</u> |
| | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES - SHADE</u> | | | 4. DATE OF DEATH Month Day Year <u>July 31, 1957</u> | | |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 21, 1903</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months Days Hours Min. <u>5 10 - -</u> | IF UNDER 24 HRS. <u>- -</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L. Flasteren Ketter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (City and state or country) <u>Nevada, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Frank Shade</u> | 13b. MOTHER'S MAIDEN NAME <u>Larry Weller</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT <u>Records State Hospital 3</u> | Address <u>Nevada Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Vessel Disease</u> | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from <u>Nov 2, 1942</u> to <u>July 31, 1957</u> and last saw her/him alive on <u>July 31, 1957</u> Death occurred at <u>about 1:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. OCCURRENCE <u>Paul L. Barone M.D.</u> | (Degree or title) <u>Coroner</u> | 22b. ADDRESS <u>State Hospital 3 Nevada Mo</u> | 22c. DATE <u>8-31-57</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-2-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Ferry Funeral Home, Nevada, Mo.</u> | ADDRESS <u>8-3-57</u> | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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 *L. Douglas Perry*

Licensed Embalmer No. *4960*

P. O. Address *Nevada*

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.