Health, Welfare Public Service

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1-57

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004562
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri 8 b. COUNTY: DeKalb
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Clarksdale — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Meth. Hosp. — Length of stay in lb: 49 years	d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: Lottie Middle: Last: Shrewsbury		4. DATE OF DEATH Month Day Year: Jan. 29, 1958	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Nov. 25, 1892
9. AGE (In years last birthday): 65	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (City and state or country): Lathrop, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: James R. Shrewsbury	13b. MOTHER'S MAIDEN NAME: Lovonia B. Thomas	14. NAME OF HUSBAND OR WIFE: -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----	16. SOCIAL SECURITY NO.: none	17. INFORMANT Address: James Shrewsbury, Clarksdale, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Severe anemia with cardio-respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: probably mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chronic myelogenous leukemia. — yrs.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 2041

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/29/58, to 1/29/58 and last saw her/him alive on 1/29/58

Death occurred at 6:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gary A. Potter Jr. - M.D.	22b. ADDRESS: Phy. & Surg. Bldg. St. Joseph, Missouri	22c. DATE SIGNED: 2/3/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 1/30/1958	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park	23d. LOCATION (City, town, or county) (State): St. Joseph, ~~Maysville~~, Missouri
24. FUNERAL DIRECTOR: Heaton-Bowman	ADDRESS: St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG.: Feb 13, 1958	26. REGISTRAR'S SIGNATURE: Mrs Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

MAR 18 1958

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph

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.