

S. No. 300  
v. 10.46

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010179  
Stat. File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1113

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin Missouri</u>	
c. LENGTH OF STAY (In this place) <u>13 Da.</u>		d. STREET ADDRESS (If rural, give location) <u>2831 Kentucky</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Reuben J. Shade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1 1958</u>	
a. (First)	b. (Middle)	c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. (MARRIED NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>1</u>	8. DATE OF BIRTH <u>9/17/197</u>	9. AGE (In years last birthday) <u>60</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 12 MOS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER - SOUTH TOWN MEAT CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JOPLIN, MO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, 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>MARY HUMMEL</u>		14. NAME OF HUSBAND OR WIFE <u>GRAYDON SHADE</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>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GRAYDON SHADE JOPLIN, MO</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BASILAR ARTERY Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 da</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>				330-X	
		DUE TO (c) <u>Polythemia Vera</u>				5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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 17 Feb, 1958, to 1 MAR, 1958, that I last saw the deceased alive on 28 Feb, 1958, and that death occurred at 9<sup>35</sup>A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. McDonnell, M.D.</u> (Degree or title)		23b. ADDRESS <u>315 Nichols Road Kansas City 12 Missouri</u>		23c. DATE SIGNED <u>1 MAR 58</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR. 1. 58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	
		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>			

DATE REC'D BY LOCAL REG. <u>3-1-58</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newton, Law Kan. City, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD  
John F. Mc Donnell

Wa 1-3243



**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 .....  
Student Embalmer

Signed Robert Roy

Licensed Embalmer No. 4182

P. O. Address K. C., Mo.

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 this body is not embalmed, fact should be so stated above.