

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014022
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 7

300
1-57

461
4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEST PLAINS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HEINRICH RE-T HOME		Length of stay in lb MOS.	d. STREET ADDRESS (If outside, give location) RTE., 3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLIE C. SHADWELL			4. DATE OF DEATH Month 4 Day 7 Year 58		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-22-5 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 10 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POULTRYMAN		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) HOWELL, CO., MO.,		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME INK		13b. MOTHER'S MAIDEN NAME INK		14. NAME OF HUSBAND OR WIFE ELSIE SHADWELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Y		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address ELSIE SHADWELL, WEST PLAINS, MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) 331X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour _____ 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	
21. I attended the deceased from 4-1-58 to 4-7-58 and last saw him alive on 4-1-58 Death occurred at 4-7-58 3:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Richard A. Smith D.O. West Plains, Mo.				22b. ADDRESS West Plains, Mo.	
				22c. DATE SIGNED 4-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 4-9-58	23c. NAME OF CEMETERY OR CREMATORY MT. ZION		23d. LOCATION (City, town, or county) (State) OLDEN, MO
24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO			25. DATE RECD. BY LOCAL REG. 4-15-58		26. REGISTRAR'S SIGNATURE Beatrice Cook

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 *A. S. K...*

Licensed Embalmer No. *3437*
P. O. Address *West Hill*

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.