

t. Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022282

STATE FILE NUMBER

NEW JUL 13 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 63

S. 300  
v. 1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NEOSHO</b>		c. CITY OR TOWN <b>RURAL</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SALE MEMORIAL HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>GOODMAN R # 1</b>	
3. NAME OF DECEASED (Type or print) First <b>MAUDE</b> Middle <b>SHADWICK</b> Last		4. DATE OF DEATH <b>June 28, 1959</b> Month Day Year	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 13, 1881</b>
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 <b>Own Home</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) <b>Newton County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Lansaw</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa</b>	
14. NAME OF HUSBAND OR WIFE <b>John E. Shadwick</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Opal Poque, Neosho Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <b>June 28</b> and last saw her alive on <b>Jun 28</b> Death occurred at <b>10:05 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. Carter</i>		22b. ADDRESS <b>Neosho Mo</b>	22c. DATE SIGNED <b>7-3-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-1-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAKWOOD</b>
23d. LOCATION (City, town, or county) <b>Newton Co., Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Thompson Funeral Home, Inc.</b> Address <b>Neosho Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>July 6, 1959</b>	26. REGISTRAR'S SIGNATURE <i>Melvin C. Bowman, M.D.</i>

JURISDICTION HEALTH OFFICER NO. 12222222  
District File Number 259-118  
Filed JUL 10 1959

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 Lyde M. Damron

Licensed Embalmer No. 5065  
P. O. Address Merkt, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.