

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023388

STATE FILE NUMBER
2 5578

FILED JUL 2 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Inside Limits Yes No
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Children's** Length of stay in 1b **7 Days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Oklahoma** b. COUNTY **Tulsa**
c. CITY OR TOWN **Owasso** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **24 West Turner** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Jane Carol Shahan**

4. DATE OF DEATH Month Day Year **6- 11- 1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **10-8-46** 9. AGE (In years) **12 yrs** 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) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Berryville, Ark. /** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Nolan Wayne Shahan** 13b. MOTHER'S MAIDEN NAME **Carolyn Morris** 14. NAME OF HUSBAND OR WIFE **Single**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Alice Trowbridge** Address **500 S. Kingshighway**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cardiac failure** INTERVAL BETWEEN ONSET AND DEATH **36 hr**
DUE TO (b) **post operative failure to respond**
DUE TO (c) **attempted correction of congenital heart disease**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Almonic stenosis + IA capital defect**

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **754-3**

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

20d. INJURY OCCURRED WHILE AT 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 **6-4-59** to **6-11-59** and last saw her ^{him} alive on **6-11-59**
Death occurred at **1:10 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Richard H. Spitz, M.D.** 22b. ADDRESS **500 S. Kingshighway** 22c. DATE SIGNED **6-11-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6-11-1959** 23c. NAME OF CEMETERY OR CREMATORY **Berryville Mem. Park** 23d. LOCATION (City, town, or county) (State) **Berryville, Ark.**

24. FUNERAL DIRECTOR ADDRESS **Nelson, Berryville, Ark.** 25. DATE RECD. BY LOCAL REG. **JUN 11 '59** 26. REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

5. 300

1-57
36

8X

W-9

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

R.A.

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 *Flannery M. B. Balle*

Licensed Embalmer No. *4375*
P. O. Address *St. Louis 23 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.