

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024382

FILED VS JUL 28 1959-9

Registration District No. _____ Primary Registration District No. 5175 _____ Registrar's No. 14 _____

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Russell		Length of stay in 1b		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fowlers Point			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 17 East Linwood		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Daniel Joseph Shine, Jr			4. DATE OF DEATH Month Day Year July 19th 1959			
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-20-22	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months 1 Days 29	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Rental Business		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Daniel Joseph Shine, Sr.		13b. MOTHER'S MAIDEN NAME Mary ?		14. NAME OF HUSBAND OR WIFE Mary Evon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes U.S. Navy W.W.		16. SOCIAL SECURITY NO. 490-30-7318		17. INFORMANT Address Mary Evon Shine, Kansas City, 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) Asphyxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Accidental Drowning

DUE TO (c) Falling from Boat

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

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)
Fell from Motor Boat

20c. TIME OF INJURY
Hour 2:15 p.m. Month, Day, Year 7-19-59

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.)
Little Niagua Arm Lake of the Ozarks

20f. CITY, TOWN, OR LOCATION
Camdenton, Camden Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Jack Stollen Sheriff, G. C.

22b. ADDRESS
Camdenton, Missouri

22c. DATE SIGNED
7-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
July 23, 1959

23c. NAME OF CEMETERY OR CREMATORY
Mt. Olive, Kansas City, Missouri

23d. LOCATION (City, town, or county) (State)
Kansas City, Mo

24. FUNERAL DIRECTOR
Reed Funeral Home Camdenton, Mo

25. DATE RECD. BY LOCAL REG.
7-21-1959

26. REGISTRAR'S SIGNATURE
Alma Eldred

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

SEP 2 1959

SEP 2 1959

SEP 2 1959

JUN 9 1961

JUN 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Comdenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.