

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

-60-027929

DED

Registration District No. 292 Primary Registration District No. 6000 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ralls.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. COUNTY Ralls.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. Perry, Mo.		Length of stay in 1b 65Yrs		c. CITY OR TOWN R.F.D. Perry, Mo.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saltriver Township.		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) Saltriver Township.		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle SHAWER. Last SHAWER.				4. DATE OF DEATH Month July Day 27 Year 1960.			
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-29-1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 2 Days 4		IF UNDER 24 HR Hours 15 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Ralls County, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Shaver.		13b. MOTHER'S MAIDEN NAME Emily Jane Young.		14. NAME OF HUSBAND OR WIFE Lillian Shaver.			
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 Address Mrs Lillian Shaver. Perry, 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) Cancer disease DUE TO (b) Hypertension DUE TO (c) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
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.)			
20c. TIME OF INJURY Hour 12:30 a.m. ☐ p.m. ☒		Month, Day, Year July 27		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.)		20f. CITY, TOWN, OR LOCATION Perry, Mo.		COUNTY Perry, Mo.		STATE Missouri.	
21. I attended the deceased from 12:30 to July 27 and last saw him alive on July 27 - Death occurred at P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ernest T. Swan		(License or title) D.O.		22b. ADDRESS Perry, Missouri.		22c. DATE SIGNED 7-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-28-60		23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		23d. LOCATION (City, town, or county) (State) Perry, Mo.	
24. FUNERAL DIRECTOR Clyde L. ...		ADDRESS Perry, Mo.		25. DATE RECD. BY LOCAL REG. 7-28-60		26. REGISTRAR'S SIGNATURE Clyde L. ...	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. X

Student _____
Signature of Student Embalmer

Signed Clyde C. Munn

Licensed Embalmer No. 3820

P. O. Address Perry, 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.