URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-042833
STATE FILE NUMBER

LED VS DEC 6 1960

NDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan — Length of stay in 1b: life	c. CITY OR TOWN Princeton — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 65 5 mile so. of Princeton — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Rural — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
James	Leon	Shandrew	II	24	1960

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
Male	White		6/15/1942	18	5	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Farmer	Grain & Stock	Princeton, Mo.	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Benjamin Shandrew	Amey Sparks	**********

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	none	492-46-3580	Benjamin Shandrew	Princeton, Mo. Rural # I

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Crushing injury to skull and chest — INTERVAL BETWEEN ONSET AND DEATH: 1mm.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) due to car accident

DUE TO (c)

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.)
		Car accident

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
10:30a.	11-24-60

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	COUNTY	STATE
	Old Hywy 65-so. of Princeton	, Mercer Co.	Mo.	

21. I attended the deceased from never, to _____ and last saw her/him alive on _____

Death occurred at about 10:30 a.m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Douglas E. Pearce D.O.	Princeton, Mo.	11-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	II/26/1960	Coon Cemetery	Mercer County Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Martin & Azbell	Princeton Mo.	11-28-60	

Lyman Azbell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 13 1950

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_____ Signed Lyman Ashell

Signature of Student Embalmer

Licensed Embalmer No. 5020

P. O. Address Princeton-Misso

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