SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041994

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 141 STATE FILE NUMBER

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville — Length of stay in Ib 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dimmitt Mem. Hospital — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Flemington — Inside Limits Yes ☐ No #
d. STREET ADDRESS (If outside, give location) 1½ miles So. — Reside on Farm Yes # ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lu Middle Earnest Last McShane
4. DATE OF DEATH Month 12 Day 3 Year 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH 3/13/77
9. AGE (last birthday) 84
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (City and state or country) Stoutland, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME James McShane
13b. MOTHER'S MAIDEN NAME Elizabeth Goodwin
14. NAME OF HUSBAND OR WIFE Vira Viola McShane
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 Neil McShane Address Flemington, Missouri

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 week.
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) Thrombosis Left Lower Leg with gangrene.
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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

21. I attended the deceased from 11/28/61, to _____ and last saw him alive on 12/2/61
Death occurred at 12:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. G. Robinson (Degree or title) M.D.
22b. ADDRESS Humansville, Missouri
22c. DATE SIGNED 12/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/5/61
23c. NAME OF CEMETERY OR CREMATORY Flemington Cemetery
23d. LOCATION (City, town, or county) (State) Flemington, Missouri

24. FUNERAL DIRECTOR Beckwith Funeral Home ADDRESS Humansville, Mo.
25. DATE RECD. BY LOCAL REG. Dec 7, 1961
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, 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.