

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023867

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. 4198 Registrar's No. 58

FILED JUN 26 1963

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>King City</u>		c. CITY OR TOWN <u>King City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Henry</u> Last <u>Shinaut</u>		4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>4/17/82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self-employed</u>	9. AGE (last birthday) <u>81 yrs</u>
11a. FATHER'S NAME <u>William Henry Shinaut</u>		11b. MOTHER'S MAIDEN NAME <u>Alice Hix</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>	
14. NAME OF HUSBAND OR WIFE <u>Fannie Leona Shinaut</u>		15. NAME OF INFORMANT <u>Russell Shinaut</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis cerebral</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>4da</u>	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>June 13-1963</u> to <u>6-13-63</u> and last saw him alive on <u>6-13-63</u> Death occurred at <u>9 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. Black</u>		22b. ADDRESS <u>King City, MO.</u>	
22c. DATE SIGNED <u>6-13-63</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
22e. LOCATION (City, town, or county) <u>Fairfax, Missouri</u>		22f. DATE RECD. BY LOCAL REG. <u>June 15, 1963</u>	
22g. REGISTRAR'S SIGNATURE <u>Miss L. W. Bare</u>		22h. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
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22fy. LOCATION (City, town, or county) <u>Fairfax, Missouri</u>		22ds. DATE RECD. BY LOCAL REG. <u>June 15, 1963</u>	
22fz. REGISTRAR'S SIGNATURE <u>Miss L. W. Bare</u>		22dt. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
22ga. LOCATION (City, town, or county) <u>Fairfax, Missouri</u>		22du. DATE RECD. BY LOCAL REG. <u>June 15, 1963</u>	
22gb. REGISTRAR'S SIGNATURE <u>Miss L. W. Bare</u>		22dv. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
22gc. LOCATION (City, town, or county) <u>Fairfax, Missouri</u>		22dw. DATE RECD. BY LOCAL REG. <u>June 15, 1963</u>	
22gd. REGISTRAR'S SIGNATURE <u>Miss L. W. Bare</u>		22dx. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
22ge. LOCATION (City, town, or county) <u>Fairfax, Missouri</u>		22dy. DATE RECD. BY LOCAL REG. <u>June 15, 1963</u>	
22gf. REGISTRAR'S SIGNATURE <u>Miss L. W. Bare</u>		22dz. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
22gg. LOCATION (City, town, or county) <u>Fairfax, Missouri</u>		22da. DATE RECD. BY LOCAL REG. <u>June 15, 1963</u>	
22gh. REGISTRAR'S SIGNATURE <u></u>			

Recd
6-19-63

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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City 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.