

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11852
38
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5183

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, give evidence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN Rural Byrd c. LENGTH OF STAY (in this place) 74 yrs.		c. CITY OR TOWN Rural Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0160	
3. NAME OF DECEASED (Type or Print) a. (First) Randolph b. (Middle) _____ c. (Last) Shaner		4. DATE OF DEATH (Month) (Day) (Year) April 20 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22 1866
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Min.
11. BIRTHPLACE (State or foreign country) Perry Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Shaner		13b. MOTHER'S MAIDEN NAME Roena McComb	14. NAME OF HUSBAND OR WIFE Mrs. Bertha Shaner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Shaner - Nephew ADDRESS Jackson Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralysis Left side DUE TO (c) arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from Sept 1 1947 to April 20 1951 , that I last saw the deceased alive on April 18 1951 , and that death occurred at 4:45 am. from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. L. Exelbier M.D.		23b. ADDRESS Jackson Mo.	
23c. DATE SIGNED 4-20-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE April 22 1951		24c. NAME OF CEMETERY OR CREMATORY City	
24d. LOCATION (City, town, or county) (State) Jackson Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE McComb ADDRESS Jackson Mo.	
DATE REC'D BY LOCAL REG. April 20 51		REGISTRAR'S SIGNATURE W. L. Exelbier 43	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 24 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Thomas H. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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 this body is not embalmed, fact should be so stated above.