

FILED NOV 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36117

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 348

0940

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>408 S. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 S. Main</u>		e. STREET ADDRESS <u>408 S. Main</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle)	c. (Last) <u>Shanner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1952</u>
-------------------------------------	-------------------------	-------------	--------------------------	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 11, 1866</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR (Days) <u>2</u>	11. UNDER 100 Hrs. (Mins.) <u>14</u>
----------------------	-------------------------------	---	---------------------------------------	---	----------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Sales Lady</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
---	---	---	---

13a. FATHER'S NAME <u>William Shanner</u>	13b. MOTHER'S MAIDEN NAME <u>Luetisha Fields</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hedley Merritt Desloge Mo.</u>	ADDRESS
---	--	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 d</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis (general)</u>		
	DUE TO (c) <u>Chronic hypertensive</u>		
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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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)
--	--	---

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 Oct 23, 1952, to Oct 25, 1952, that I last saw the deceased alive on 10-25-52, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Garbe M.D.</u> (Degree or title)	23b. ADDRESS <u>Desloge, Mo.</u>	23c. DATE SIGNED <u>10-24-52</u>
--	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ADAMS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>FRANK CLAY MO.</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Oct 29, 1952</u>	REGISTRAR'S SIGNATURE <u>Gather P. Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. T. Boyer</u> ADDRESS <u>Desloge, Mo.</u>
--	--	---

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
Student Embalmer

Signed

J. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Bealogue, 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 this body is not embalmed, fact should be so stated above.