

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15238

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6136 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spring Valley Township</u>	c. LENGTH OF STAY (In this place) <u>17 1/2</u>	c. CITY OR TOWN <u>Summersville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		• STREET ADDRESS (If rural, give location) <u>1010 D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Shandy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24-1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Oct. 24-1913</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months _____ Days _____
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	11. BIRTHPLACE (City and State or Foreign Country) <u>UPLAND, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>James E. Shandy</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Leader</u>	14. NAME OF HUSBAND OR WIFE <u>Violet Shandy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Violet Shandy</u>	ADDRESS <u>RT 3 Summersville, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1950, to \_\_\_\_\_, 1956, that I last saw the deceased alive on 3-6, 1956, and that death occurred at 9:30A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Laverne Humphreys</u> (Degree or title)	23b. ADDRESS <u>Dot Summersville, Mo.</u>	23c. DATE SIGNED <u>5-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Mtn. View, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-7-56</u>	REGISTRAR'S SIGNATURE <u>Hubert Green</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN'S</u>	ADDRESS <u>Mtn. View, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 *Joel R. Duncan*.....

Licensed Embalmer No. *4328*.....

P. O. Address *Mt. View, Va.*.....

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.