

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. 28959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 30521 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>411 East Chestnut</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Bothwell Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BENJAMIN</b>	b. (Middle) <b>FRANKLIN</b>	c. (Last) <b>SHANE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 17, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>August 17, 1957</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watch-repairman ret'd</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Watch repair</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edward Polk Shane</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Tennill</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>*****</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John R. Shane, bro.</b>	ADDRESS <b>115 E. Walnut.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <b>Sedalia, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>large diabetes</b>		
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 <b>4201</b>	20. AUTOPSY? <b>2</b> 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 **April, 1955**, to **death**, 19**57**, that I last saw the deceased alive on **Aug 17, 1957**, and that death occurred at **9:00 am** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul B. Jones MD</b>	23b. ADDRESS <b>Sedalia, Mo</b>	23c. DATE SIGNED <b>19 Aug 57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/19/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salt Fork Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rural Pettis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-19-57</b>	REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James Ewing</b>	ADDRESS <b>Sedalia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Shane Ewing*  
Licensed Embalmer No. *384*  
P. O. Address *Sedalia*

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.