

FILED JUL 31 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

## CERTIFICATE OF DEATH

68 0029605

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 268DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68

9. 0

10a. 86

10b.

11. 0

12. 2

13. 5602

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

4. 0808

5. 1

**DECEASED**

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

6. 0808

**PARENTS**

**CAUSE****CERTIFIER****BURIAL**

DECEASED—NAME 1. <b>JOHN RILEY SHANE</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>July 25, 1968</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5a. <b>86</b>	UNDER 1 YEAR 5b. <b>MOS.</b>	UNDER 1 DAY 5c. <b>HOURS</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>June 18, 1882</b>
CITY, TOWN, OR LOCATION OF DEATH 7a. <b>Sedalia</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <b>Bothwell Hospital</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Missouri</b>	CITIZEN OF WHAT COUNTRY 9. <b>U. S. A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Widowed</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 12. <b>489-52-3438</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>Supply Foreman</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>Mo Pac Railroad</b>		
RESIDENCE—STATE 14a. <b>Missouri</b>	COUNTY 14b. <b>Pettis</b>	CITY, TOWN, OR LOCATION 14c. <b>Sedalia</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>Yes</b>	STREET AND NUMBER 14e. <b>115 East Walnut</b>
FATHER—NAME 15. <b>Edward Polk Shane</b>		MOTHER—MAIDEN NAME 16. <b>Margaret Tennill</b>		
INFORMANT—NAME 17a. <b>William A. Shane</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>Route 1 Sycracuse, Missouri</b>		
PART I. DEATH WAS CAUSED BY: 18 IMMEDIATE CAUSE (a) <b>Intestinal Obstruction</b> DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <b>Volvulus</b> DUE TO, OR AS A CONSEQUENCE OF: (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>7/22/68 - 7/25/68</b>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. <b>NO</b>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20c.		
CERTIFICATION—PHYSICIANS: I ATTENDED THE DECEASED FROM 21a. <b>4 24 62</b>	TO 21b. <b>7 25 68</b>	AND LAST SAW HIM/HER ALIVE ON 21c. <b>7 25 68</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <b>did</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. <b>11:30 AM</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. <b>July 25 1968 11:30 AM</b>	THE DECEASED WAS PRONOUNCED DEAD 22c.	
CERTIFIER—NAME (TYPE OF EXAMINER) 23a. <b>KARL B. GONSER, M.D.</b>	SIGNATURE 23b. <i>Karl B. Gonser M.D.</i>	DEGREE OR TITLE 23c. <b>M.D.</b>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <b>7/26/68</b>	
MAILING ADDRESS—CERTIFIER 23e. <b>101 1/2 South Ohio</b>		STREET OR R.F.D. NO. 23f. <b>Sedalia, Mo.</b>	CITY OR TOWN 23g. <b>Mo. ZIP 65301</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY—NAME 24b. <b>Salt Fork Cemetery</b>	LOCATION 24c. <b>Rural Cooper County Missouri</b>		
DATE 24d. <b>July 28, 1968</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <b>Ewing Funeral Home Seventh At Osage Sedalia, Mo. 65301</b>			
FUNERAL DIRECTOR—SIGNATURE <i>Diane Ewing</i>	REGISTRAR—SIGNATURE <i>Francis Shelby Lyth</i>	DATE RECEIVED BY LOCAL REGISTRAR 24f. <b>July 27, 1968</b>		

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

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. 3847

P. O. Address *Shelby MS*

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.