

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

U.S. DEPT. OF COMMERCE  
OCT 12 1935

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33364  
Registrar's No. 147

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles, Missouri  
(c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Lee Shields 427

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mattie Price 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased February 6 1870  
(Month) (Day) (Year)

8. AGE:		Years		Months		Days		If less than one day	
		<u>69</u>	<u>8</u>	<u>15</u>				hr.	min.

9. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James L. Shields  
18. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
14. Maiden name Lucy Dorsey  
15. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ernest Shields  
(b) Address Winfield, Mo.

17. (a) Burial (b) Date thereof Sept. 23-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Charles C. Ricks  
(b) Address Winfield, Missouri

19. (a) 9/23/39 (b) Clarence S. Messler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Winfield (1 mile east of town)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st  
year 1939 hour 2:30 p.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 11<sup>th</sup>  
1939, to Sept 21<sup>st</sup>, 1939  
that I last saw him alive on Sept 20<sup>th</sup>, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage Duration 3 wks  
Due to hypertension 5 yrs  
Due to J.P.

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. L. Hembise (M. D. or other) MD  
St. Charles Mo Date signed 9/22/39

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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~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Charles C. Ricks*

Licensed Embalmer No. 4012

P. O. Address Winfield, 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, above space should be left blank.**