

FILED DEC 30 1948

Dr. Klebba

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39677**
Registrar's No. **285**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

26
3

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

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission); a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 25 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 West McCarty Street			d. STREET ADDRESS (If rural, give location) 318 West McCarty Street		

3. NAME OF DECEASED (Type or Print) a. (First) Maude	b. (Middle) Ann	c. (Last) Shikles	4. DATE OF DEATH (Month) (Day) (Year) 12 23 48
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March-2-1883	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Days 9	IF UNDER 1 YEAR Hours 21	IF UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Miller C unty, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Crane	13b. MOTHER'S MAIDEN NAME Rachel Boltz	14. NAME OF HUSBAND OR WIFE Joseph C. Shikles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME L. E. Shikles	ADDRESS Jefferson City, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. 13/a	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis & Uremia		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized		2 year
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstructive		6-8 year

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) m.	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 **10-19**, 19**48**, to **Dec-23**, 19**48**, that I last saw the deceased alive on **Dec-22**, 19**48**, and that death occurred at **1** P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. D. Klebba M.D.	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 12-21-48
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-24-1948	24c. NAME OF CEMETERY OR CREMATORY River View Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
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DATE REC'D BY LOCAL REG. 12-24-48	REGISTRAR'S SIGNATURE R. P. Darrin M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Norma Rickles	ADDRESS Jefferson City, Mo
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Norma Rickles, Licensed Embalmer's Statement on Reverse Side

RECEIVED
District Health Officer No. 9
District File Number
DEC 29 1948
Date Filed

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 Leola P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.