

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7941

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>609 Ballard St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 Ballard Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Carlene</u> c. (Last) <u>Ray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19-1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 7-1856</u>	9. AGE (In years last birthday) <u>93</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Dunklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Janie Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harve Ray Halcomb</u> ADDRESS <u>Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractures</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Senility</u>	
DUE TO (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death. <u>7947</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u></u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>	
22. I hereby certify that I attended the deceased from <u>Nov 1, 1948</u> , to <u>March 19, 1949</u> , that I last saw the deceased alive on <u>March 18, 1949</u> , and that death occurred at <u>2:00 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul Baldwin M.D.</u>			23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>3-23-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunwich</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-23-1949</u>		REGISTRAR'S SIGNATURE <u>Carl H. Hershfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam L. Service</u> ADDRESS <u>Kennett, Mo.</u>	

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

RECEIVED

District Health Office No. 2,

District File Number 349-432

Case No. 3-30-49

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.

Signed Edgar Lee Javel

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kenett 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.