

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15180

State File No.

BIRTH NO. ... REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 4082 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>city</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Block</u> c. (Last) <u>Shirley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10, 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 18-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>Mo - Carroll</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob J. Block</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FRANCES DODSON</u>	
14. NAME OF HUSBAND OR WIFE <u>Jesse Shirley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Block Shirley Bogard</u> ADDRESS <u>Bogard</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> <u>2 days</u>		
	DUE TO (c) <u>Pernicious Anemia</u> <u>3 yr</u>		
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) <u>Bogard Carroll Mo</u>	
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?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>48</u> , to <u>May</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 10</u> , 19 <u>49</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ernie Street</u>		23b. ADDRESS <u>Bogard Mo</u>	
23c. DATE SIGNED <u>5/12/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 12-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SMITH</u>	24d. LOCATION (City, town, or county) (State) <u>Bogard, Mo.</u>
DATE REC'D BY LOCAL REG <u>5-12-49</u>	REGISTRAR'S SIGNATURE <u>Ernie Street</u>	48	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.A. Duncanson</u> ADDRESS <u>Bogard Mo</u>

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

MAY 17 REC'D

District Health Officer No. 8,

District File Number _____

Date Filed 5-28-49

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 Ed Simpson

Signed _____
Student Embalmer

Licensed Embalmer No. 2534

P. O. Address Bogard

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.