

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5306

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>SOUTHWEST CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SOUTHWEST CITY, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>17 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED a. (First) <u>MARION</u>		b. (Middle) <u>FREDRICK</u>	
c. (Last) <u>SHEIKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-9-1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-17-1882</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>SOUTHWEST CITY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>R. J. SHEIKS</u>		13b. MOTHER'S MAIDEN NAME <u>DORA VOTAW</u>	
13c. NAME OF HUSBAND OR WIFE <u>GRACE SHEIKS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. M. Shields</u>		17. ADDRESS <u>2315 2nd St. Nevada</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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>complete intestinal obstruction</u>		<u>10 days</u>	
DUE TO (c) <u>Embolectomy</u>		<u>5705</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 checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>1947</u> , 19 <u>47</u> , to <u>Feb 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 9</u> , 19 <u>51</u> , and that death occurred at <u>4 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Fountain</u> (Degree or title)		23b. ADDRESS <u>mo</u>	
23c. DATE SIGNED <u>Feb 10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>SPECIAL</u>		24b. DATE <u>2-11-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SOUTHWEST CITY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SOUTHWEST CITY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-11-51</u>		REGISTRAR'S SIGNATURE <u>Maynard Humphrey</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>W. M. Humphrey</u>		ADDRESS <u>Pueville, Mo.</u>	

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

3600
1

MAY 4 1951

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAR 8 1951

Dist. File 351-498

Date Filed 3-8-51

NOV 29 1955

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 W. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, Missouri

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.