

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

16802

State File No. ....

2312

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>17 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		<u>0592</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elms Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1 X</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>DORA</u>		b. (Middle) <u>P.</u>		c. (Last) <u>SHEARER</u>		(Month) (Day) (Year) <u>5 28 51</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-16-1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Stewartsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph H. Pickett</u>			13b. MOTHER'S MAIDEN NAME <u>Marion Warren</u>			14. NAME OF HUSBAND OR WIFE <u>Chas. E. Shearer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nell Graham, Chillicothe, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				<u>8 hours</u>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>10 years</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>auricular fibrillation -</u>				<u>2 years</u>	
		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"/>	
						<u>331A</u>	
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) (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>Sept 17</u> , 19 <u>49</u> to <u>May 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 28</u> , 19 <u>51</u> , and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William F. Sanders</u> (Degree or title) <u>William F. Sanders M.D.</u>				23b. ADDRESS <u>1103 Grand, K. C. Mo</u>		23c. DATE SIGNED <u>May 29, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-29-51</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Wagner</u>		ADDRESS <u>K C Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

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

1961 51 NRM

BR - 2892  
MAY 21 1961

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

*Alvin R. Haunschild*

Licensed Embalmer No.

*4159*

P. O. Address

*Kenosha, Wisc.*

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.