

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22816**

FILED JUL 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **94**

1. PLACE OF DEATH  
a. COUNTY **GRUNDY**  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MISSOURI** b. COUNTY **GRUNDY 0402**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **TRENTON** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **TRENTON** d. STREET ADDRESS (If rural, give location) **A517 E. 9th STREET**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **517 E. 9th STREET**

3. NAME OF DECEASED a. (First) **SARAH** b. (Middle) **HULDAH** c. (Last) **SHAMBLIN** 4. DATE OF DEATH (Month) (Day) (Year) **JULY 1, 1951**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **DEC. 6, 1870** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months **6** Days **26** IF UNDER 24 HRS. Hour Min.

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) **INDIANA** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **W.H. RICHARDSON** 13b. MOTHER'S MAIDEN NAME **JOANNA MC GAUGHEY** 14. NAME OF HUSBAND OR WIFE **M.D. SHAMBLIN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **MRS. W.J. JOHNSON** ADDRESS **517 E 9th Trenton**

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) **Baronemia of Paucis** INTERVAL BETWEEN ONSET AND DEATH **9 mo.**

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Arterio Sclerosis** **1 year**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **157X** 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Aug 8, 1950**, to **July 1, 1951**, that I last saw the deceased alive on **June 29, 1951**, and that death occurred at **4:20P m.**, from the causes and on the date stated above.

23a. SIGNATURE **E. A. Duffy MD** (Degree or title) 23b. ADDRESS **913 1/2 Main St. Trenton, Mo.** 23c. DATE SIGNED **7/2/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **7/3/51** 24c. NAME OF CEMETERY OR CREMATORY **RIDGEWAY CEMETERY** 24d. LOCATION (City, town, or county) (State) **RIDGEWAY, MISSOURI**

DATE REC'D BY LOCAL REG. **7/2/51** REGISTRAR'S SIGNATURE **Jeanne Janis** 25. FUNERAL DIRECTOR'S SIGNATURE **Charles D. Dye** ADDRESS **TRENTON, MISSOURI**

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



JUL 20 1954

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 Charles D. Sizemore .....

Licensed Embalmer No. 3109 .....

P. O. Address TRENTON, 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.