

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3665

State File No. ....

FILED JAN 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>3 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mollie</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Goe</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-12-1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6-23-1860</b>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>91 6 9</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Donaldson</b>	13b. MOTHER'S MAIDEN NAME <b>Not known</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Georgia Maupin, Shelbina, Mo.</b>	ADDRESS <b>Monroe Co. Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral-vascular accident</b>		
	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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/12, 1952, to 1/12, 1952, that I last saw the deceased alive on 1/12, 1952, and that death occurred at 8: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>I. J. Meserole, M.D.</b>	23b. ADDRESS <b>Shelbina, Mo.</b>	23c. DATE SIGNED <b>1/14/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-13-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stoutville Centy</b>	24d. LOCATION (City, town, or county) (State) <b>Monroe Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-19-52</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bankelew-Hawkins</b>	ADDRESS <b>Shelbina, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. Hawkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *Shelburne, 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.