

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15323

State File No. \_\_\_\_\_

APR 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 29

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. CITY OR TOWN <b>Shelbina, Mo.</b>		c. CITY OR TOWN <b>Shelbina, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS <b>X</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>AMANDA</b>	b. (Middle) <b>ELLEN</b>	c. (Last) <b>DOYLE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-10-1952</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>1-19-1857</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>95</b> Months <b>2</b> Days <b>21</b> Hours <b>Min.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House hold</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Lentner, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Mitchel</b>	13b. MOTHER'S MAIDEN NAME <b>Susa Amanda Maddox</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>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Fred Krueger, Shelbina, 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</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) (Min.)	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 Apr. 10, 1952, to Apr. 10, 1952; that I last saw the deceased alive on Apr. 10, 1952, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. L. Baldwin D.O.</b>	23b. ADDRESS <b>Shelbina, Mo.</b>	23c. DATE SIGNED <b>Apr. 15-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-14-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-14-52</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barkelaw-Hawkins, Shelbina, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *W. H. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address *Shelburne Vt*

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. . . . .