

No. 300
10.48

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6286**
352

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson						
b. CITY (If outside corporate limits, write RURAL and give township) Danvers City		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Danvers City		d. STREET ADDRESS (If rural, give location) 1030 Garfield				
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) 1030 Garfield						
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) _____		c. (Last) Shields		4. DATE OF DEATH (Month) (Day) (Year) 1 17 53			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 10 1901		9. AGE (in years last birthday) 51		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and State or Foreign Country) Manor, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Nedley Shields			13b. MOTHER'S MAIDEN NAME Anna Wade			14. NAME OF HUSBAND OR WIFE --				
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. 496-05-3370		17. INFORMANT'S SIGNATURE OR NAME Mattie Shields				ADDRESS 1030 Garfield		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke & Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. fractured ribs				DUE TO (b) Automobile Trauma						
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (House, farm, factory, street, office, bridge, etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Macon Macon Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/14/53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Auto Trauma (2 cars)		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE Edith Coover				23b. ADDRESS 1612 E 12th				23c. DATE SIGNED 1/19/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-53		24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) Danvers City, Mo				
DATE REC'D BY LOCAL REG. 1-20-53		REGISTRAR'S SIGNATURE Seraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Monroe Williams				ADDRESS 1729 Lydia	

(Licensed Embalmers' Statement on Reverse Side)

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

car was sideswiped

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 *J. J. Manlove Jr.*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.