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OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31417

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett	c. LENGTH OF STAY (in this place) 1 Week	c. CITY (If outside corporate limits, write RURAL and give township) Kennett 0353	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Presnell Hospital		d. STREET ADDRESS (If rural, give location) 303 St. Francis Street	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Thomas c. (Last) Shields			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1953			
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Month 10 Day 21	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Potosi, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles W. Shields		13b. MOTHER'S MAIDEN NAME Mary Charlotte Hornsy		14. NAME OF HUSBAND OR WIFE Ollie Shields	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World War I 496-38-0509		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie Shields Kennett, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Malnutrition		INTERVAL BETWEEN ONSET AND DEATH	
		*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Fracture of left femur			
		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 E9047 45		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) - (STATE) Farmington, St. Francis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-11-53 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell.	

22. I hereby certify that I attended the deceased from **9-26, 1953**, to **10-3, 1953**, that I last saw the deceased alive on **10-3, 1953**, and that death occurred at **2:29 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Wilson, M.D.		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 10-8-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	
		24d. LOCATION (City, town, or county) (State) Kennett, Mo.			

DATE REC'D BY LOCAL REG. 10-8-1953		REGISTRAR'S SIGNATURE Carl Husband		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leta Service Kennett Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-9-53
COUNTY FILE NUMBER 1053-2

APR 19 1964

AUG 28 1958

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 Edgar Lee Ford
Licensed Embalmer No. 4433

P. O. Address Kennett 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.