

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41846**

FILED **DEC 15 1953**

BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **4202** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Stoddard,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY Stoddard	
b. CITY OR TOWN Puxico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0	
c. LENGTH OF STAY (in this place) 35 Years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION In her home in Puxico,			

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Mae c. (Last) Shadowens,			4. DATE OF DEATH (Month) (Day) (Year) 11 6 53		
5. SEX F /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	
8. DATE OF BIRTH Sept 16 1895		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months 1 Days 21 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wappapello Missouri, 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Chester Underwood,			
13b. MOTHER'S MAIDEN NAME Cora Saggs		14. NAME OF HUSBAND OR WIFE George Shadowens,			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Shadowens Puxico Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4341		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1946**, to **11-6**, 19**53**, that I last saw the deceased alive on **11-6**, 19**53**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. S. Kellogg, M.D.		23b. ADDRESS Puxico		23c. DATE SIGNED 11/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11 - 8 53		24c. NAME OF CEMETERY OR CREMATORY Puxico	
				24d. LOCATION (City, town, or county) (State) Puxico Mo.	

DATE REC'D BY LOCAL REG. 12/1/53		REGISTRAR'S SIGNATURE Leah Reed		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Service Puxico Mo	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
30
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Walter Marsh Wether

Licensed Embalmer No. 4717

P. O. Address Dexter 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.