

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44899

State File No.

FILED JAN 7 1954

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halena Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halena - P-2 Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1640</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thelma</u>	b. (Middle) <u>Larene</u>	c. (Last) <u>Shart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27-1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 30-1909</u>	9. AGE (In years last birthday) <u>44-3-27</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sy. Harment Bakery</u>	11. BIRTHPLACE (State or foreign country) <u>Aurora - Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Levin Culbirt</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie McClure</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Shart - Halena</u>
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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) <u>no.</u>	16. SOCIAL SECURITY NO. <u>497-22-1159</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ora Shart - Halena - mo</u>	ADDRESS
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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, ashenia, 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) <u>Myelocytic leukemia</u>		<u>4 months</u>
	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 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 Sept. 5, 1952, to 12-24, 1953, that I last saw the deceased alive on 12-21, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred S. Kemmerl, M.D.</u>	23b. ADDRESS <u>Crane Mo.</u>	23c. DATE SIGNED <u>12-28-53</u>
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24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 30-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Halena Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Halena Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 29-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Prosser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u>	ADDRESS <u>Halena, Mo.</u>
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per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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 Ernest J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halesville 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.