

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1954**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 1

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bedford</u>	c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Snowhill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi East of Troy Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>SHIELDS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10, 1954</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 15 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>Joe Shields</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Shields</u>	14. NAME OF HUSBAND OR WIFE <u></u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sara Shields</u>	ADDRESS <u>Winfield Mo</u>
--	--	--	-------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident (right)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
--	--	------------------------------------

22. I hereby certify that I attended the deceased from Jul 5, 1954, to Jan 10, 1954, that I last saw the deceased alive on Jan 9, 1954, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hanna K. Mischay M.D.</u>	23b. ADDRESS <u>Troy Mo</u>	23c. DATE SIGNED <u>Jan 11, 1954</u>
--	--------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 13, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 12 - 1954 Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Coy</u>	ADDRESS <u>Troy Mo</u>
--	---	---------------------------

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.

Student Embalmer No.....

Signed.....

Wayne M. Coy

Licensed Embalmer No. *3586*

Signed.....
Student Embalmer

P. O. Address *Troy 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.