

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10-48

0120

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wakenda, Mo.</b>		c. CITY OR TOWN <b>Wakenda</b>	
c. LENGTH OF STAY (in this place) <b>14 Yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>No House or Street Number</b>			
e. STREET ADDRESS (If rural, give location) <b>No Street Name or Number on House</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Silvina</b> b. (Middle) <b>-</b> c. (Last) <b>Clause</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 10 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Jan. 29-1877</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>11</b> Hours <b>11</b> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>O wn Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Fairfield, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>David Shull</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Nichols</b>		14. NAME OF HUSBAND OR WIFE <b>Roy Clause-Marshall, Missouri</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roy Clause-Marshall, Missouri</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Carcinoma Stomach</b>		<b>1yr.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, 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		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) <b>151X</b>	

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?	
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22. I hereby certify that I attended the deceased from **Sept 30**, 1954, to **November 10**, 1954, that I last saw the deceased alive on **Oct 30**, 1954, and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John H. Pledge, M.D.</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Carrollton, Mo</b>	
23c. DATE SIGNED <b>11-10-54</b>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/13/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Lick</b>	
24d. LOCATION (City, town, or county) (State) <b>3 mi. S. of Marshall, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>11/17/54</b>		REGISTRAR'S SIGNATURE <b>Monterbert Calvert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Lealie Sweeney-Marshall, Mo.</b>	
ADDRESS <b>45-0</b>					

**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.....  
Signature of Student Embalmer

Signed..... *J. Leslie Sumner*

Licensed Embalmer No. *32035*

P. O. Address *Marshall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.