

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28885

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>186</u>		
1. PLACE OF DEATH a. COUNTY <u>Missouri</u> <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt River</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		c. CITY OR TOWN <u>Mexico</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neill Rest Haven</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D.# 5</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) _____ c. (Last) <u>Valentine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 27, 1868</u>		
9. AGE (In years) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Elyria, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jermiah Shahan</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Casey</u>		14. NAME OF HUSBAND OR WIFE			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Helan Shahan</u>			ADDRESS <u>Mexico, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized debility</u> DUE TO (c) <u>Fracture left hip since 6-23-55</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia since 6-30-55</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>6-23-55</u> <u>6-30-55</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>June 22, 1955</u> , to <u>Sept 28, 1955</u> , that I last saw the deceased alive on <u>Sept 28, 1955</u> , and that death occurred at <u>10:15 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. O. Crawford</u>			23b. ADDRESS <u>14. D. Junior Mo.</u>		23c. DATE SIGNED <u>Sept 30-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 30, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Brendans</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 30-1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Orrett-Houston Funeral Home</u>		ADDRESS <u>Mexico, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

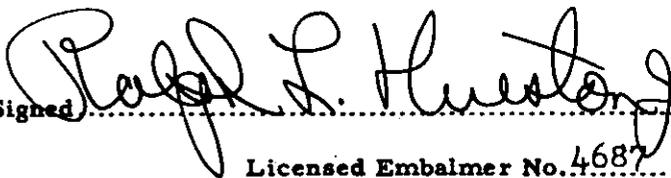
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0040 #

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 

Licensed Embalmer No. 4687

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