

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 580

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5192</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) --a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>				
b. CITY, (If outside corporate limits, write RURAL and give township) <u>Rural, Combs Twp</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi. E. of Carrollton</u>				e. STREET ADDRESS (If rural, give location) <u>7 mi. E. of Carrollton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>ALICE</u>		c. (Last) <u>SHIELDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1956</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 2 1865</u>		9. AGE (in years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>M^cCart</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>H.H. Shields</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____				
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, anemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		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. <u>Auricular fibrillation</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>Dec</u> , 19 <u>55</u> , to <u>31 Dec</u> 19 <u>55</u> , that I last saw the deceased alive on <u>31 Dec</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E. W. Allen</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Carrollton</u>		23c. DATE SIGNED <u>3 Jan 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cameron Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Livingstone Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-3-56</u>		REGISTRAR'S SIGNATURE <u>M. Herbert Calver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo.</u>		

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.....
Signature of Student Embalmer

Signed..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

**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.**