

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

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10191**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4428** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY OR TOWN Richland, Missouri		c. CITY OR TOWN Richland, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 Yrs.		e. STREET ADDRESS (If rural, give location) None.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None.			

3. NAME OF DECEASED a. (First) Ella b. (Middle) Ma e. c. (Last) Shaha.			4. DATE OF DEATH (Month) 4/ (Day) 5/ (Year) 1956		
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Jan 2, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done in present or most recent life, even if retired) housewife.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Mo Rural.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wilson C. Simpson.	13b. MOTHER'S MAIDEN NAME Julie Snider.	14. NAME OF HUSBAND OR WIFE John W. Shaha.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva. Jones. Richland, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH 20 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. varicose veins kidney disease			

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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **2:30** ¹⁹⁵⁶ to **April 4, 1956**, that I last saw the deceased alive on **April 4, 1956**, and that death occurred at **2:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Levin S. Myers D.O.	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 4-5-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/7/56	24c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery
DATE REC'D BY LOCAL REG. 4-7-56	REGISTRAR'S SIGNATURE Carla Mae Anderson	24d. LOCATION (City, town, or county) (State) Stoutland, Missouri
25. FUNERAL HOME SIGNATURE Hedges Funeral Home		ADDRESS Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 4-7-56
File Number
Tulsa County Health Officer
RECEIVED 4-7-56

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... *Clarence Jones*

Licensed Embalmer No... 42

P. O. Address *W. Jones*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.