

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21661

STATE FILE NUMBER

FILED JUN 25 1956

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 229

|  |                                  |   |  |   |   |  |   |
|--|----------------------------------|---|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |   |  |   |
| b. CITY (If outside corporate limits, give-TOWNSHIP only)<br>OR TOWN <u>Rural, St. Francois Twp.</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | c. CITY OR TOWN <u>ELVINS</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                             |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>R R 1, Elvins Mo.</u>  |                                  |   | Length of stay in 1b   |   | d. STREET ADDRESS (If outside, give location)<br><u>R R 1</u>                 |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <u>Jeanetta Pearl Shideler</u>  |                                  |   |  | 4. DATE OF DEATH<br><u>June 17 1956</u>   |   |  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>OCT. 31, 1888</u>  |   | 9. AGE (In years last birthday)<br><u>67</u>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><u>Illinois</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13. FATHER'S NAME<br><u>S.B. ERWIN</u>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Elizabeth Jane Porter</u>  |   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>491-18-4846</u>   |  | 17. INFORMANT<br>Address<br><u>Ben Shideler, Elvins R.R. 1.</u>   |   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>ACUTE CIRCULATORY FAILURE</u>  |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 hr.</u>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  |   |  |   |   | DUE TO (b) <u>CHRONIC CONGESTIVE HEART FAILURE</u><br>DUE TO (c) <u>OLD RHEUMATIC FEVER</u>                      |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |                                  |   |  |   |   | 19. WAS AUTOPSY PERFORMED?<br><u>416X</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |  |   |
| 20c. TIME OF INJURY.<br>Hour, Month, Day, Year<br>a. m.<br>p. m.   |                                  |   |  |   |   |  |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |   | 20g. COUNTY  |   |
|  |                                  |   |  |   |   | STATE  |   |
| 21. I attended the deceased from <u>Feb 1954</u> , to <u>June 17, 1956</u> and last saw her <u>alive</u> on <u>June 15, 1956</u><br>Death occurred at <u>11:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |  |   |
| 22a. SIGNATURE<br>(In free or title)<br><u>Marvin L. Embree D.D.</u>   |                                  |   |  | 22b. ADDRESS<br><u>Farmington Mo.</u>   |   | 22c. DATE SIGNED<br><u>6-19-56</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>6-20-56</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Chestnut Ridge</u>                                  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Ste Genevieve Co. Mo.</u> |  |   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>Miller Funeral Home Farmington, Mo</u>   |                                  |   |  | 25. DATE REC'D. BY LOCAL REG.<br><u>6-19-56</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Ether Rudloff</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

Death, Welfare, Public Service  
300 1-56  
All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.  
9-0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Paul K. Dugal

Licensed Embalmer No. 412

P. O. Address Farmington

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.