

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40495

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE, <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Monett</u>		c. CITY OR TOWN <u>Pierce City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St Vincent's</u>		d. STREET ADDRESS <u>Commercial St</u> (If public, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ELIZABETH ELLEN SHEA</u>		4. DATE OF DEATH <u>Dec 13 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 27 - 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of country) <u>Russville Indiana</u>
13. FATHER'S NAME <u>John Murphy</u>		14. MOTHER'S MAIDEN NAME <u>Anna Donovan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs Helen Tracy</u> Address <u>Pierce City</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Pernicious Anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
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 Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED 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 _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>11-28-56</u> to <u>12-13-56</u> and last saw her <u>home</u> alive on <u>12-13-56</u> Death occurred at <u>5:20 P m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles A. Spears, MD</u>		22b. ADDRESS <u>Pierce City, Mo</u>	
		22c. DATE SIGNED <u>12-14-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 15, 1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St Patrick's</u>		23d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>	
24. FUNERAL DIRECTOR <u>Wilks Bros</u> ADDRESS <u>Pierce City</u>		25. DATE RECD. BY LOCAL REG. <u>12-18-56</u>	
		26. REGISTRAR'S SIGNATURE <u>M. W. P. N. Coch</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. Factor, coroner, etc., must use only standard ribbon.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1256-210

DATE REC. 12-27-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined  
by me, ~~by~~ Edwin Wilks....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 415

P. O. Address Pierce Co.....

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.