

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11805

State File No.

FILED MAR 26 1957

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 650 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Puxico New Lisbon</u>		c. LENGTH OF STAY (in this place) <u>1030</u> days	c. CITY OR TOWN <u>Puxico Rural</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		e. STREET ADDRESS (If rural, give location) <u>R.F.D. no 2 Puxico Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Shrum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 17 57</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 19 1881</u>		9. AGE (In years) (last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u> IF UNDER 4 HRS. Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mattoon Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Hue Layton</u>		13b. MOTHER'S MAIDEN NAME <u>Un Known</u>		14. NAME OF HUSBAND OR WIFE <u>Hate Shrum</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hate Shrum</u> ADDRESS <u>Puxico Mo R.F.D. 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic CARCINOMA</u>		- INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA of stomach</u>		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT - (Specify) <u>fall from</u> SUICIDE _____ HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>151X</u>	
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 6-6, 1953, to 3-17, 1957, that I last saw the deceased alive on 3-9, 1957, and that death occurred at 5:15 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Shrum</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Puxico Mo</u>		23c. DATE SIGNED <u>3/18/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-18-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elliott</u>	
24d. LOCATION (City, town, or county) (State) <u>Puxico Mo Rural</u>					

DATE REC'D BY LOCAL REG. <u>3/23/57</u>		REGISTRAR'S SIGNATURE <u>Paul Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins and Sons</u> ADDRESS <u>Puxico MO</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

490

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 *Marsh Watkins*.....

Licensed Embalmer No. *14711*.....

P. O. Address *Dexter 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.