

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031642

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 212

WED OCT 14 1958

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u> <u>0043</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>DOA</u> INSTITUTION <u>Audrain Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1104 E. Jackson</u>	

3. NAME OF DECEASED (Type or print) First <u>Jennie</u> Middle <u>B.</u> Last <u>Shearer</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>4</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2, 1897</u>	9. AGE (In years last birthday) <u>61</u>	10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Atlanta, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Phillip Nuhn</u>	13b. MOTHER'S MAIDEN NAME <u>Elsore Sunderland</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Shearer</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mr. Frank Shearer</u>	Address <u>1104 E. Jackson Mexico, Mo.</u>
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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>barbiturate overdose, accidental</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<u>8710</u> <u>14</u>
	DUE TO (c) _____	
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? 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.) <div style="border: 1px solid black; padding: 5px; text-align: center;">ITEM <u>3</u> CORRECTED BY AFFIDAVIT OF <u>Funeral Director</u> <u>12-16-58</u> <u>BCJ</u> <u>126</u></div>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>Mexico</u>	COUNTY <u>Audrain</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>Never</u> to _____ and last saw her/him alive on _____ Death occurred at <u>6:40 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>William H. Golly, M.D.</u>	22b. ADDRESS <u>112 N. Clark Mexico Mo</u>	22c. DATE SIGNED <u>10/6/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>
23d. LOCATION (City, town, or county) <u>Mexico, Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>Arnold Funeral Home Mexico, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct 6-1958</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>
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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.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 WILLIAM H. GOLLY, M.D.

DEC 1 1 1958

signed

OCT 22 1958

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 *Leo J. White* .....

Licensed Embalmer No. *4780* .....  
P. O. Address *Mexico, N* .....

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.