

Dr. Murphy

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044913

STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 407

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1-57

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| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hannibal 0644 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1247 Essig St., | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1247 Essig St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Ellen Last Shields | | | 4. DATE OF DEATH Month Dec. Day 3, Year 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 24, 1884 |
| 9. AGE (In years less birthday) 74 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper-Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Sedalia, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME James Shields | |
| 13b. MOTHER'S MAIDEN NAME Mary J. Brennan | | 14. NAME OF HUSBAND OR WIFE - - - | |
| 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. | 17. INFORMANT Address Miss Elizabeth Shields, 1247 Essig, |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) generalized arthritis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 725X | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs. |
| 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 <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 AUG. 3, 1958 to 12/3/58 and last saw her/him alive on 10/26/58 Death occurred at 11:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Dr. L. Murphy, M.D.</i> (Degree or title) | | 22b. ADDRESS 100 W. 6th, Hannibal, Mo. | 22c. DATE SIGNED 12/10/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/6/1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | 23d. LOCATION (City, town, or county) (State) Hannibal, Missouri |
| 24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-10-1958 | 26. REGISTRAR'S SIGNATURE <i>Wm. L. ...</i> |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED DEC 16 1958
MARIGN CO. HEALTH DEPT.
DATE FILED DEC 16 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 *A. M. O'Sullivan*

Licensed Embalmer No. 3889.....
P. O. Address Hannibal, 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.