

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004141
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Shelbina <u>1020</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 3 Years	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Belle Middle ----- Last Furnish			4. DATE OF DEATH Month January Day 31 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 19, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Granville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles A. McKinnie	13b. MOTHER'S MAIDEN NAME Mary E. Land	14. NAME OF HUSBAND OR WIFE Thomas Jefferson Furnish
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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 Mr. Thomas Furnish, Shelbina, Mo.	Address
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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) Chronic poisoning		INTERVAL BETWEEN ONSET AND DEATH Dec 29 - 31 Jan 10 - 31
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Uremia, glomerular nephritis 5934	
	DUE TO (c) Atherosclerosis, aneurism of abdominal aorta	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (18). fracture of right hip Oct 27, fracture of left hip 1 week ago		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) fracture of right hip Oct 27, fracture of left hip 1 week ago
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20c. TIME OF INJURY Hour ----- Month, Day, Year ----- a.m. ----- p.m. -----	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Shelbina	COUNTY Shelby	STATE Missouri
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21. I attended the deceased from Aug. 1950 to Jan 31, 1959 and last saw her Jan 31, 1959 alive on Jan 31, 1959 Death occurred at 7:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glades Bauer M.D.	(Degree or title)	22b. ADDRESS Shelbina Mo.	22c. DATE SIGNED Feb 5, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/2/1959	23c. NAME OF CEMETERY OR CREMATORY Holliday Cemetery	23d. LOCATION (City, town, or county) (State) Holliday, Missouri
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24. FUNERAL DIRECTOR Hayes Funeral Home, Shelbina, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Feb 7-1959	26. REGISTRAR'S SIGNATURE Ada Garrison
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 E Hayes*

Licensed Embalmer No. *4461*

P. O. Address *S. Hellina M.*

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.