Health, Welfare Public Service

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1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010404
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sedalia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bothwell Hospital — Length of stay in 1b: 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia, Missouri 0804 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 135 E. Walnut — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WILLIAM — Middle — Last SHINE

4. DATE OF DEATH: Month April — Day 3, — Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: March 6, 1881
9. AGE (In years last birthday): 78 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Patrick Shine
13b. MOTHER'S MAIDEN NAME: Vonozza McGuire
14. NAME OF HUSBAND OR WIFE: Stella Shine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. Frances Potter 504 State Fair, Sedalia Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Dehydration & uremia.	6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Senile psychoses	2 months
DUE TO (c)	Fractured left femur.- 9035 44	2 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease with hypertension

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell while turning around to return home

20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year March 21 1959

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20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street in front of daughter's home

20f. CITY, TOWN, OR LOCATION: Sedalia — COUNTY: Pettis — STATE: Missouri

21. I attended the deceased from 3 February 1958 to 3 April 1959 and last saw ~~her~~ him alive on 3 April 1959
Death occurred at 12:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley D. Fisher MD
22b. ADDRESS: 500 S. 16th Sedalia, Missouri
22c. DATE SIGNED: 3 April '59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: ~~March~~ APRIL 6, 1959
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
23d. LOCATION (City, town, or county): Sedalia — (State): Missouri

24. FUNERAL DIRECTOR: D. W. Heckart — ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 4-4-1959
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1959

MAY 13 1959

FEB 25 1960

APR 10 1959

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 .....

Licensed Embalmer No. 5063

P. O. Address Sedalia, 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.