

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

81

-61-020078

AMENDED

Registration District No. 332 Primary Registration District No. 3074 Registrar's No. 70

STATE FILE NUMBER

FILED MAY 18 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | | | |
|--|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Scott | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | Length of stay in 1b | | c. CITY OR TOWN New Madrid | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bellvue Nursing Home | | | Inside Limits No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Laura Middle Lunette Last Shy | | | | 4. DATE OF DEATH Month 5 Day 2 Year 61 | | | |
| 5. SEX Female | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Oct. 4-1872 | 9. AGE (last birthday) 89 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY -- -- | | 11. BIRTHPLACE (City and state or country) New Madrid, Co. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Richard Watham | | | 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Akin | | | 14. NAME OF HUSBAND OR WIFE Sam R. Shy | |
| 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. No. | | 17. INFORMANT Dixie Lewfs | | Address New Madrid, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, LOBAR. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. ARTERIOSCLEROSIS, Generalized | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 1 Dec 60 , to 3 May 61 and last saw her/him alive on 3 May 61 . Death occurred at 600 Ann m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Andrea B. Smith M.D. | | | | 22b. ADDRESS Sikeston Mo. | | 22c. DATE SIGNED 5-9-61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4/6/61 | 23c. NAME OF CEMETERY OR CREMATORY Evergreen | | 23d. LOCATION (City, town, or county) New Madrid Mo. | | (State) |
| 24. FUNERAL DIRECTOR Richards Funeral Home, Inc. | | ADDRESS New Madrid Mo. | | 25. DATE RECD. BY LOCAL REG. 5/11/61 | 26. REGISTRAR'S SIGNATURE Wm. Elliot Hunter | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *L. H. Hagen*

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.