

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036232

STATE FILE NUMBER

AMENDED

Registration District No. 644 Primary Registration District No. 4110 Registrar's No. 39

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Length of stay in 1b 6 weeks	c. CITY OR TOWN Brunswick Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 607 So. LeFevre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 711 East Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Andro Middle Meda Last Sheaves	4. DATE OF DEATH Month October Day 24 Year 1961
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5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/9/1872	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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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 home	11. BIRTHPLACE (City and state or country) Chariton County, Mo. USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Samuel Edwin Dunn	13b. MOTHER'S MAIDEN NAME Elizabeth Perrin	14. NAME OF HUSBAND OR WIFE John W. Sheaves
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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. none	17. INFORMANT Mrs. Beulah Finnell Address Brunswick Missouri
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Medullary Paralysis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebrovascular Hemorrhage	3 days
	DUE TO (c) Generalized Atherosclerosis	Several Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized debility aged		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.)
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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
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21. I attended the deceased from **10-20-61** to **10-24-61** and last saw her alive on **10-24-61**
Death occurred at **8:30** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Andro Meda Sheaves</i>	22b. ADDRESS Salisbury Mo	22c. DATE SIGNED 10-25-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/26/61	23c. NAME OF CEMETERY OR CREMATORY Roanoke Cemetery	23d. LOCATION (city, town, or county) (State) Roanoke, Missouri
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24. FUNERAL DIRECTOR ADDRESS Chas. B. Winkelmeyer, Salisbury, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 25-1961	26. REGISTRAR'S SIGNATURE <i>Oliver Spence, Deputy Registrar</i>
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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Chas B Winkelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury, 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.