

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041946  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 370

FILED DEC 11 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sedalia</b>                        |  | Length of stay in 1b<br><b>20 years</b>   | c. CITY OR TOWN <b>Sedalia</b> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1211 West 5th Street</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1211 West 5th St</b> Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>RUSSELL</b> Middle <b>H.</b> Last <b>SHEFFIELD</b> |  |  | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>4</b> Year <b>1961</b> |  |  |
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|-----------------------|----------------------------------|---|--|-------------------------------------|--|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 30, 1888</b> | 9. AGE (last birthday)<br><b>73</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chiropractor</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Medical</b> | 11. BIRTHPLACE (City and state or country)<br><b>Maryville, Kansas</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>Martin M. Sheffield</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Matthews</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Stella Sheffield</b> |
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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)<br><b>no</b> | 17. INFORMANT<br><b>Mrs. R.H. Sheffield, 1211 W. 5th St.,</b><br>Address <b>Sedalia, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchiogenic Carcinoma of Lungs</b> |                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr.</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) _____ |  |
|   | DUE TO (c) _____ |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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|   |  |  |                         |                          |
|---|--|--|-------------------------|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>Sedalia</b> | COUNTY<br><b>Pettis</b> | STATE<br><b>Missouri</b> |
|---|--|--|-------------------------|--------------------------|

21. I attended the deceased from **Nov. 29, 1961** to **Dec 4, 1961** and last saw her/him alive on **Dec. 3, 1961**.  
Death occurred at **4:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>H. L. Holden MD</b> | 22b. ADDRESS<br><b>1116 W. 3rd Sedalia Mo.</b> | 22c. DATE SIGNED<br><b>12/4/61</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Dec. 6, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Sedalia, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>D. W. HECKART,</b><br>ADDRESS<br><b>Gillespie Funeral Home<br/>Sedalia, Missouri</b> | 25. DATE RECD. BY LOCAL REG.<br><b>12-4-1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Frances Shelby.</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1962

**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 John R. Farmer  
Licensed Embalmer No. 5173

P. O. Address \_\_\_\_\_

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.