

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

49 -62-035706

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. ~~4411~~

FILED OCT 9 1962

VS 300
Rev. 4/59

10821
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green		c. CITY OR TOWN Rolla	
Length of stay in 1b 12 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Rest Home		d. STREET ADDRESS (If outside, give location) Gen. Del	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Martha Elizabeth O. Shea			4. DATE OF DEATH Month Day Year Oct 2 1962
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 6/23/1871
9. AGE (last birthday) Months Days Hours Min. 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
10b. KIND OF BUSINESS OR INDUSTRY Home Making		11. BIRTHPLACE (City and state or country) Rolla, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Calvin T. Williams	
13b. MOTHER'S MAIDEN NAME Anna M. Clark		14. NAME OF HUSBAND OR WIFE Michael O. Shea	
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 Alonzo O Shea		Address Louisiana, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH 15 min
DUE TO (b) Pyelonephritis - 6 wks ago			
DUE TO (c) Anticoagulate Coumadin 15 yrs			
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. <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 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 1958 to 10/2/62 and last saw her ^{her} _{him} alive on 10/2/62 Death occurred at 10 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas H. Leuillen M.D.		22b. ADDRESS Louisiana, Missouri	
22c. DATE SIGNED 10/3/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/4/1962	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	23d. LOCATION (City, town, or county) (State) Rolla Missouri
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. Oct 4, 1962	
26. REGISTRAR'S SIGNATURE Maidee E. Williams			

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

STATEMENT BY LICENSED EMBALMER

Signed J.B. Starnel

Licensed Embalmer No. 44039

P. O. Address Louisiana 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.

Permit obtained 10-4-62
 Maude & Williams
 local registration.

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

STATEMENT BY LICENSED EMBALMER

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
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