

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-001405**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 17

**FILED FEB 11 1963**

VS 300  
Rev. 4/59

10470  
2470

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Iron</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Arcadia</b>		Length of stay in 1b <b>6yr.4mo.25da</b>		c. CITY OR TOWN <b>Rural-Arcadia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>The Home for Aged Baptists</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <b>1 1/2 mi. E. on Hwy. 72</b>	
3. NAME OF DECEASED (Type or print) <b>Clara Rose Shively</b>		4. DATE OF DEATH <b>February 1, 1963</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/10/1871</b>	
9. AGE (last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>22</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Lausanne F. Switzerland U.S.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Samuel Cuednet</b>		13b. MOTHER'S MAIDEN NAME <b>Fanny Piquet</b>	
14. NAME OF HUSBAND OR WIFE <b>Cashious H. Shively</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b></b>	
17. INFORMANT Address <b>Dolores Weiss, Ironton, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		DUE TO (c) <b>Fracture left hip</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture left hip</b>		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.) <b></b>		20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		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.) <b></b>		20f. CITY, TOWN, OR LOCATION <b>Ironton, Missouri</b>		20g. COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>Sept. 7, 1956</b> to <b>Feb. 1, 1963</b> and last saw her alive on <b>Jan. 31, 1963</b> Death occurred at <b>9:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Marion C. Inman M.D.</i>		22b. ADDRESS <b>Ironton, Missouri</b>	
22c. DATE SIGNED <b>2-1-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2/4/1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Baptist Home Cemetery</b>		23d. LOCATION (City, town, or county) <b>Ironton, Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-2-63</b>		26. REGISTRAR'S SIGNATURE <i>Ma Avis Jones</i>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Dractor Inc.

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.