

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029325

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 102

FILED AUG 5 1963

1. PLACE OF DEATH  
 a. COUNTY Newton  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Granby Length of stay in 1b 2 months  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smith Boarding Home Inside Limits  Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Newton  
 c. CITY OR TOWN Diamond Inside Limits  Yes  No   
 d. STREET ADDRESS None (If outside, give location) Reside on Farm  Yes  No

3. NAME OF DECEASED First Mary Middle Belle Last Fox 4. DATE OF DEATH Month July Day 29 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-10-1865 9. AGE (last birthday) 96 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Home 11. BIRTHPLACE (City and state or country) McDonald County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jack King 13b. MOTHER'S MAIDEN NAME Uk 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Mrs. Lillith Farney Granby, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Failure INTERVAL BETWEEN ONSET AND DEATH 30 min.  
 DUE TO (b) Chronic Myocarditis unknown  
 DUE TO (c) \_\_\_\_\_

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 6-1-63 to 7-29-63 and last saw her alive on 7-28-63  
 Death occurred at 1:45 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Granby, Mo. 22c. DATE SIGNED 7-30-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-31-1963 23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery 23d. LOCATION (City, town, or county) Diamond, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Diamond, Mo. 25. DATE RECD. BY LOCAL REG. 8-3-63 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59  
 1 0730  
 2 0730  
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 4 1  
 5 2  
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 7 0  
 8 0  
 9 4/222  
 10  
 11  
 12 91-2  
 13 6-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 BY AFFIDAVIT OF

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 Lloyd E. Shumbeid.

Licensed Embalmer No. 4923

P. O. Address Box 218, Grandy, Missouri.

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.