MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047763
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 228

FILED JAN 2 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0405		
2	0405		
3	2		
4	0		
5	1		
6			
7	0		
8	0		
9	2600X		
10			
11			
12	90-2		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton — Length of stay in 1b: 44 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 405 E 22nd St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Grundy
c. CITY OR TOWN: Trenton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 405 E 22nd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JAMES Middle: M. Last: Shields

4. DATE OF DEATH: Month: Dec Day: 23 Year: 1963

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/9/1902
9. AGE (last birthday): 61
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): Sporting good Shop.
10b. KIND OF BUSINESS OR INDUSTRY: Merchant.
11. BIRTHPLACE (City and state or country): Laredo, Mo
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Roy Shields
13b. MOTHER'S MAIDEN NAME: ANNIE NORVELL
14. NAME OF HUSBAND OR WIFE: Gussie Shields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gussie Shields Address: Trenton, Mo.

MEDICAL CERTIFICATION

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)	Neurotic uncontrolled diabetic complication of diabetic	3 days
DUE TO (b)	Neurofibroma of Spinal Cord	3-5 years
DUE TO (c)	diabetes Mellitus	3-years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 January 1960 to Dec 1963 and last saw her/him alive on Dec 22-1963
Death occurred at 7:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Arl Eitel (Degree or title) MD
22b. ADDRESS: Galt Mo
22c. DATE SIGNED: 12-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/26/1963
23c. NAME OF CEMETERY OR CREMATORY: REST HAVEN
23d. LOCATION (City, town, or county) (State): Trenton Mo Trenton Grundy Mo

24. FUNERAL DIRECTOR: J. Gordon Blackmore ADDRESS: Trenton, Mo
25. DATE RECD. BY LOCAL REG.: 12-26-1963
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eitel

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 Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.