

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048463

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 251

DO NOT WRITE ON THIS STUB      AMENDED

VS 300  
Rev. 4/59

1 0497  
2 0490  
3 2  
4 0  
5 0  
6  
7 0  
8 2  
9776x  
10  
11  
12 2-0  
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

<b>FILED JAN 7 1964</b>	
1. PLACE OF DEATH a. COUNTY <u>Carthage Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u> Length of stay in lb	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
c. CITY OR TOWN <u>Reeds</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>---</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) <u>Shields</u>	
4. DATE OF DEATH Month Day Year <u>Dec. 26, 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-26-63</u>
9. AGE (last birthday) <u>0</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>
11. BIRTHPLACE (City and state or country) <u>Carthage, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Luther Shields</u>	13b. MOTHER'S MAIDEN NAME <u>Luvana See</u>
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT Address <u>Luther Shields, Reeds, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> DUE TO (b) <u>Cause unknown.</u> DUE TO (c) <u>---</u> 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. <input type="checkbox"/> Yes <input 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.	Month, Day, Year
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 <u>12-26-63</u> to <u>12-26-63</u> and last saw her/him alive on <u>12-26-63</u> Death occurred at <u>6:53 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Type or print) <u>Louise Patterson</u>	22b. ADDRESS <u>Carthage, Mo</u>
22c. DATE SIGNED <u>12-27-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-28-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Reeds Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Reeds, Mo</u>	
24. FUNERAL DIRECTOR <u>Knell Mortuary, Carthage, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-28-63</u>
26. REGISTRAR'S SIGNATURE <u>W. J. Clinton</u>	

USE BLACK INK OR TYPEWRITER RIBBON

2044 11-10-13

0440  
0440  
0  
0  
0  
0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.

0-2