

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22137
Do not use this space.

DEC'D JUL 11 1939

1. PLACE OF DEATH **GREENE** Registration District No. **316**
 (a) County **GREENE** Primary Registration District No. **2001** Registered No. **495**
 (b) Township _____
 (c) City **SPRINGFIELD** (d) Street No. **St. Johns Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
4 3 2
 2. PRINT FULL NAME **Melvin Shields**
 (a) Residence, No. **517 Nichols** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Euna Shields**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 15, 1881**
 7. AGE YEARS **57** MONTHS **9** DAYS **3** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bridge Watchman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Trisco P. E.**
 10. Date deceased last worked at this occupation (month and year) **Nov. 1, 1938** 11. Total time (years) spent in this occupation **22**
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Paris, Mo.**
 FATHER 13. NAME **George Shields**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Greene County, Tenn.**
 MOTHER 15. MAIDEN NAME **Hanna Salts**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**
 17. INFORMANT **Mrs. Euna Shields**
 (ADDRESS) **517 Nichols**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Char Creek** DATE **June 19, 1939**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Thieme 2540 Springfield, Mo.**
 20. FILED **6-19-39** **Chas. A. George** MO (Address) **923 N. Main**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18, 1939**
 22. I HEREBY CERTIFY, That I attended deceased from **May 27, 1939** to **June 18, 1939**
 I last saw him alive on **June 17, 1939** Death is said to have occurred on the date stated above, at **2 A.** Am.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas Date of onset **1937**
HV
 Other contributory causes of importance: **Metastatic Carcinoma of liver, lungs & pleura** **1938**
 Name of operation **None** Date of _____
 What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify _____ (Signed) **H. O. Slaton** M. D.
 (Address) **923 N. Main**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Ralph Chiens....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ralph Chiens*.....

Licensed Embalmer No. *3481*.....

P. O. Address *Springfield, 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 this body is not embalmed, above space should be left blank.

X