

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44159

Registration District No. 609

Primary Registration District No. 5805

Registrar's No. 147

1. PLACE OF DEATH: 2
(a) County Newton
(b) City or town _____
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Newton
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. R# 2 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____
years, months or days)
3. (a) PRINT FULL NAME Malinda Bell Shuey
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3rd
year 1939 hour 4 minute 23 P. M.
21. I hereby certify that I attended the deceased from November 26, 1939, to December 3, 1939;
that I last saw her alive on Dec. 2nd, 1939;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Shuey
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March 26 1894
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia
Due to aortic insufficiency
Due to _____
Other conditions no
(Include pregnancy within 3 months of death)

8. AGE: Years 45 Months 9 Days 7
If less than one day _____ hr. _____ min.

Major findings: no operation
Of operations _____
Of autopsy no autopsy

9. Birthplace Cedar Creek Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

10. Usual occupation Housewife

23. Signature Melvin M. Peltough (M. D. or other) D.O.
Address San Rk. Bldg. 1st floor Date signed 12/4/39

11. Industry or business _____
12. Name Jacob Dearfengled
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Verona Steed
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Shuey
(b) Address R# 2 Joplin Mo.

17. (a) Burial (b) Date thereof Dec. 5 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Creek Cem.
18. (a) Signature of funeral director Walt G. Hurd
(b) Address Walt G. Hurd Co. 521
19. (a) 12-4-39 (b) Donal A. Salemill
(Date received local registrar) (Registrar's signature)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1-11911

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.

RECEIVED

Death Officer No. 6,

Case No. 140-219

Date Filed JAN 12 1940

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.