

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44174

REG 17900

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(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 St. Francis Hospital  
(Specify whether

In this community  
years, months or days

3. (a) PRINT FULL NAME Garry Raymond Shields

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased December 8 1939  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>Stillborn</u>	-			hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Ralph Shields

13. Birthplace Taswell Co. Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Lola Fay Heustan

15. Birthplace Nodaway Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ralph Shields

(b) Address Burlington Ind Mo

17. (a) Burial (b) Date thereof Dec 8 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worham Chapel

18. (a) Signature of funeral director Elmer M Pine

(b) Address Maryville Mo

19. (a) 12-8-39 (b) Memie E. Clardy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7th  
year 1939 hour 9 minute 30 P.

21. I hereby certify that I attended the deceased Stillborn  
that I last saw Stillborn and that death occurred on the date and hour stated above.

Immediate cause of death Difficult Delivery

Due to Large size of foetus + small pelvis of mother

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. F. DeLany (M. D. or other) \_\_\_\_\_  
Address Burlington Ind Mo Date signed 12/8/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 117

District File No. 140-1956

Date Filed JAN 13 1940

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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.....

....., 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.**