No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 9 1948

Registration District No. 227

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4499

State File No. 18122

Registrar's No. 46

1. PLACE OF DEATH:
(a) County: SHELBY
(b) City or town: SHELBINA
(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 ..... (Specify whether years, months or days)
In this community: 28 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: SHELBY 102
(c) City or town: SHELBINA 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.: —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: LYDIA EAST
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband ~~or wife~~: HIRAM ORA EAST
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: DECEMBER (Month) 27 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	15	..... hr. ..... min.

9. Birthplace: BOLLMAN CHAPEL (City, town, or county) IOWA (State or foreign country)
10. Usual occupation: HOUSE WIFE
11. Industry or business: —
FATHER
12. Name: JOHN BURTON
13. Birthplace: — (City, town, or county) NEW YORK (State or foreign country)
MOTHER
14. Maiden name: PENDARVIS
15. Birthplace: — (City, town, or county) TENN. (State or foreign country)
16. (a) Informant: Warren H. East
(b) Address: Shelbina, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: SHELBINA CEMETERY
18. (a) Signature of funeral director: E. Hayes
(b) Address: SHELBINA MISSOURI
19. (a) May 31-48 (Date received by local registrar) (b) Ruth Jopper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 12 year: 1948 hour: 10 minute: 45 P.M.
21. I hereby certify that I attended the deceased from Feb. 15, 1948, to May 12, 1948; that I last saw her alive on May 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	1 WK.
Due to:	
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. L. Caldwell M.D. (M.D. or other)
Address: Shelbina, Mo. Date signed: May 20-48

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

DEC 9 1949

RECEIVED
District Health Officer No. 10
District File Number 6-48-988
Date Filed JUN 8 - 1948

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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, fact should be so stated above.