FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1948

Registration District No. 709

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 23550

Registrar's No. 224

1. PLACE OF DEATH:
(a) County MARION
(b) City or town HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution LEVERING HOSPITAL
(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 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City R 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ..

3. (a) PRINT FULL NAME SHELIA MAE BERLIN
3. (b) If veteran, name war ..
3. (c) Social Security No.
4. Sex Female
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 8th (Day) 1945 (Year)

8. AGE: Years 3 Months 3 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace SHELBINA (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business

MOTHER
12. Name CLYDE BERLIN
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

FATHER
14. Maiden name GLADYS MILLER
15. Birthplace SHELBY County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clyde Berlin
(b) Address Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Andrew Chapel Marion County Mo
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Missouri
19. (a) July 16-1948 (Date received by local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 15th year 1948 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 8 July, 1948 to 15 July, 1948 that I last saw her alive on 15 July, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rocky Mountain Spotted fever	
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 M. J. Collier (M. D. or other)
Address Hannibal Mo Date signed July 16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles V. Greening, Registered Apprentice No. 214 working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Mount City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.