FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28639

Registration District No. 302

Primary Registration District No. 6193

Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Rural - Olivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 106
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(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 DELLA BELL SHAIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stanley F. Shain

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April (Month) 8 (Day) 1903 (Year)

8. AGE: Years 45 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Gilbert (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Stanley Shain
(b) Address Hollister, Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Branson Mo

18. (a) Signature of funeral director R. O. Whelchel
(b) Address Branson Mo

19. (a) 8-5-48 (Date received local registrar) (b) S E Logswell (Registrar's signature) 376

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug - day 3rd year 1948 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from Aug 2nd 1948 to Aug 3rd 1948 that I last saw her alive on Aug 3 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 day
Due to Pyelitis	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 36
Of autopsy 9

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 0

23. Signature Harry T. Evans (M. D. or other) MD
Address Branson, Mo. Date signed 8/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 848.928
Date Filed AUG 16 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 Minnie L Nikolchel

Licensed Embalmer No. 2277

P. O. Address Brunson 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.