FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39356

Registration District No. ____ Primary Registration District No. 5118 Registrar's No. 321

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Rocheport, Rural. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home. (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: All of life.

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

3. (a) PRINT FULL NAME: Orville B. Shields.
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: 702-12-7008
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Anna Shields.
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: June (Month) 24 (Day) 1897 (Year)

8. AGE: Years 51 Months 5 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace: Howard County, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Clerk.
11. Industry or business: Furniture Store.
FATHER
12. Name: Lafayette Shields.
13. Birthplace: Howard County, (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name: Matilda Means
15. Birthplace: Howard County, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Mrs. Orville B. Shields.
(b) Address: Rocheport, Mo. Boone County.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. (Month) 11 (Day) 48 (Year)
(c) Place: burial or cremation: Columbia, Mo.
18. (a) Signature of funeral director: Goodman & Boller.
(b) Address: Boonville, Mo.
19. (a) 12-16-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1948 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from Dec 9th, 1948, to Dec 9th, 1948 that I last saw h. alive on Dec 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 hrs
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

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PHYSICIAN — Underline the cause to 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. P. Leech (M. D. or other) MD
Address: Fayette, Mo. Date signed: 12-10-48

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 9,

District File Number DEC 21 1948

Date Filed

JAN 11 1949

JAN 19 1949

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Beaverville, I

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.