No. 300
10.48

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

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

583

State File No.

BIRTH NO. REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 11

20 / 0

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldorado Springs
c. LENGTH OF STAY (In this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nichols Nursing Home #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldorado Springs
d. STREET ADDRESS (If rural, give location): Park Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle): WARD
c. (Last): SHELL

4. DATE OF DEATH (Month) (Day) (Year): JAN 26 1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan 17, 1873
9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Pike Co Missouri
12. CITIZEN OF WHAT COUNTRY?: American

13a. FATHER'S NAME: Ruben H. Carver
13b. MOTHER'S MAIDEN NAME: Mary C. Robnett
14. NAME OF HUSBAND OR WIFE: Frank M. Shell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Cora Carver — ADDRESS: Eldorado Springs, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gradual dwindling of
DUE TO (c): Glandular System

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 19 47 *to* Jan 26, 19 49, *that I last saw the deceased alive on* Jan 16 19 49, *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: L. T. Dunaway (Degree or title: MD)
23b. ADDRESS: Eldorado Spgs Mo
23c. DATE SIGNED: 1-26-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 26, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt Moriah
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: Jan. 26, 1949
REGISTRAR'S SIGNATURE: George W. Hoffer, M.D.
per L. Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons — ADDRESS: Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-48-1684
Date Filed 1-31-49

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 _____, Student Embalmer No. _____, working under my personal supervision.

Signed _____
Student Embalmer

Signed Jess T. Weaver
Licensed Embalmer No. 4403
P. O. Address Marion City

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.