

FILED FEB 3 1949

STANDARD CERTIFICATE OF DEATH

3719

State File No.

BIRTH NO. 49-005591 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>30hrs 39M</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dianne</u> b. (Middle) <u>Lou</u> c. (Last) <u>Shaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Jan. 18-1949</u>	9. AGE (In years last birthday) <u>1NB</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 2 HRS. Hours <u>6</u>	Min. <u>39</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Quinton Shaver</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Brewer</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature 5 weeks.</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.	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 <input type="checkbox"/> NO <input type="checkbox"/>		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan. 18, 1949</u> , to <u>JAN 19, 1949</u> , that I last saw the deceased alive on <u>JAN 19, 1949</u> , and that death occurred at <u>7:55A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.B. Thagmorton M.D.</u>			23b. ADDRESS <u>Sikeston MO</u>		23c. DATE SIGNED <u>19 Jan 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston MO</u>				
DATE REC'D BY LOCAL REG. <u>Jan 30 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. F. Henry</u> <u>308</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welsh Funeral Home Sikeston MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office N
District File Number 249
Date Filed 3-1-

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Sikeston 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.