

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3976

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

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>5055</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lancaster</u>			
b. CITY OR TOWN <u>RURAL CAPPS CREEK</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY OR TOWN <u>Pierson City MO</u>		55 ^u 4 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 MILES SOUTH OF PIERSON CITY</u>				d. STREET ADDRESS. (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOVEY</u>			b. (Middle) <u>JANE</u>		c. (Last) <u>SHANDS</u>		4. DATE OF DEATH (Month) (Day), (Year) <u>Feb 13 49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 6 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Monett, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Long</u>			13b. MOTHER'S MAIDEN NAME <u>SARA E Smith</u>		14. NAME OF HUSBAND OR WIFE <u>ALIN SHANDS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ABE LONG 301 Jackson Toplex Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>							
DUE TO (c) <u>none</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>43X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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>Aug 8, 1947</u> , to <u>Feb 13, 1949</u> , that I last saw the deceased alive on <u>Feb 1, 1949</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Edwards M.D.</u>				23b. ADDRESS <u>Pierson City, Mo</u>		23c. DATE SIGNED <u>Feb 14 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corsicans Center Corsicana</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>2-15-49</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thilbs Bros</u>		ADDRESS <u>Pierson City Mo</u>	

RECEIVED

District Health Officer No. 6,

District File Number 249-179

Date Filed 2-28-49

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, ~~and~~

..... Student Embalmer No.

working under my personal supervision.

Signed Edmund A. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Quincy City, 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.