

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18807

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 207		
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON (1)		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN M ^c Credee (1)		"41"		
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital				d. STREET ADDRESS (If rural, give location) MAIN 3				
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK HUDSON SHEETS b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE 11, 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jun 5, 1935		9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months 5	IF UNDER 2 HRS. Hours 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Clarence Sheets		13b. MOTHER'S MAIDEN NAME Mary Hudson		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Sheets M ^c Credee 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis with decompensation ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Rheumatic fever 7 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 6/6, 1949, to 6/11, 1949, that I last saw the deceased alive on 6/11, 1949, and that death occurred at 10:00 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) George J. Wood M.D.				23b. ADDRESS 614 Market Fulton Mo		23c. DATE SIGNED 6/15/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/14/49	24c. NAME OF CEMETERY OR CREMATORY Richland Baptist		24d. LOCATION (City, town, or county) (State) 6 MILES NORTH FULTON, MO.			
DATE REC'D BY LOCAL REG. June-16-1949		REGISTRAR'S SIGNATURE Margetta Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Margie Fulton, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 21 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Walter J. Haine, Jr.

Licensed Embalmer No. 4557

Signed _____
Student Embalmer

P. O. Address Fulton, 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.