

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18998**

BIRTH NO. _____ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **4142** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Annie	b. (Middle) Cornelia	c. (Last) Shikles	4. DATE OF DEATH (Month) (Day) (Year)	June 1 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 19 1861	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Miller County Missouri	12. COUNTRY OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John Quincy Farris	13b. MOTHER'S MAIDEN NAME Lora Farris	14. NAME OF HUSBAND OR WIFE Peter Shikles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Dewey Shikles	ADDRESS Russellville, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung abscess considerable		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis probably tubercular in origin DUE TO (c) no positive sputum test		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		526X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19 **49**, to **June 1, 1949**, that I last saw the deceased alive on **June 1, 1949**, and that death occurred at **1 a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. L. Leslie	23b. ADDRESS Russellville Mo	23c. DATE SIGNED June 4, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 4	24c. NAME OF CEMETERY OR CREMATORY Enloe Cemetery	24d. LOCATION (City, town, or county) (State) Russellville, Mo
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DATE REC'D BY LOCAL REG. June 4	REGISTRAR'S SIGNATURE Mrs. Minnie Hittermeyer	25. FUNERAL DIRECTOR'S SIGNATURE Hugo Schubert	ADDRESS Russellville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 4 1933

OCT 4 1933

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.

Student
Student Embalmer

Signed Virgo A. Schubert

Licensed Embalmer No. 2820

P. O. Address: Russellville

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.