

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22279

State File No.

FILED JUL 12 1949

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 66

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

1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Missouri</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina</u>				c. LENGTH OF STAY (In this place) <u>40 Months</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hayden Nurshing Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Esther</u> b. (Middle) <u>Clementine</u> c. (Last) <u>Maggart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-49</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 3-1869</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>		IF UNDER 12 Hrs. Hours <u></u> Mins. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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 <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Detroit Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>B. F. Zumbelt</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Henderson</u>			14. NAME OF HUSBAND OR WIFE <u>Rev. L. C. Maggart</u>		
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. L. C. Maggart</u> ADDRESS <u>Shelbina 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension - Arteriosclerosis</u> <u>Heart Disease</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) _____					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		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						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Nov.</u> , 19 <u>49</u> , to <u>6/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/29</u> , 19 <u>49</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>T. P. Churchler, M.D.</u>				23b. ADDRESS <u>Shelbina Mo.</u>		23c. DATE SIGNED <u>7/5/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina, IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>		
DATE RECD BY LOCAL REG. <u>July 5-49</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Million & Barkeley</u> ADDRESS <u>Shelbina, Mo.</u>				

RECEIVED
District Health Officer
District File Number 749
Date Filed JUL 11 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.

Student
Student Embalmer

Signed James D. Davis
Licensed Embalmer No. 4478

P. O. Address Shelbina, 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.