

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26736

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>185</u>							
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton, Mo.				c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola							
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital				d. STREET ADDRESS (If rural, give location) none									
3. NAME OF DECEASED (Type or Print) a. (First) Dimple			b. (Middle) Sheldon			c. (Last) Logan			4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 14, 1879		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 3 Days 1		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife				10b. KIND OF BUSINESS OR INDUSTRY House-wife		11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Luther W. Sheldon				13b. MOTHER'S MAIDEN NAME Anna White				14. NAME OF HUSBAND OR WIFE Hugh Logan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Hugh Logan				ADDRESS Osceola, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH 3 YR	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF COLON													
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												153x	
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) (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 14 AUG., 1949 , to 15 AUG., 1949 , that I last saw the deceased alive on 15 AUG., 1949 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Hugh B. Walker M.D.								23b. ADDRESS Clinton, Mo.				23c. DATE SIGNED 17 Aug. 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Burial Aug. 18, 1949		24c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery			24d. LOCATION (City, town, or county) (State) Corbin Mo.						
DATE REC'D BY LOCAL REG. Aug. 19, 1949		REGISTRAR'S SIGNATURE Florence Adair				25. FUNERAL DIRECTOR'S SIGNATURE Hutslers-Fox Funeral Home				ADDRESS Osceola Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 7-49-128

Date Filed 8-22-49

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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 Charles E. Fox

Licensed Embalmer No. 4610

P. O. Address Osceola, 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.