

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36027

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 96

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>	
b. CITY OR TOWN <u>Shelbina</u>	c. LENGTH OF STAY (in this place) <u>4 Yrs.</u>	c. CITY OR TOWN <u>Shelbina</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adie Keith</u> b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH <u>10-16-1949</u> (Month) (Day) (Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-16-1876</u>	9. AGE (In years last birthday) <u>73</u> Months <u>3</u> Days <u>0</u> IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Wiggins</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Caldwell</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>No</u> <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bert Wiggins, Shelbina, Mo.</u> ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypocretic pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>45°C</u>		

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)	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 Jan, 1949, to 10-16, 1949, that I last saw the deceased alive on 10-14, 1949, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Shelbina, Mo.</u>	23c. DATE SIGNED <u>10/28/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-2-49</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>Million & Barkeley</u> ADDRESS <u>Shelbina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 7 1949
District Health Officer No. 10
District File Number 1-4-19-188
Date Filed NOV 7 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 P. W. Hawkins.....

Licensed Embalmer No. 3498.....

P. O. Address Shelburne Vt.....

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.