

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44451**
Registrar's No. **0563**

FILED JAN 16 1950

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 0563	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution, give address) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY in this place 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) 1116 Jackson		
3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) Sheward c. (Last) Adair			4. DATE OF DEATH (Month) (Day) (Year) Dec 28, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 21, 1866		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Days 6 Hours 7 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Fairport Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME H. P. Sheward		13b. MOTHER'S MAIDEN NAME Susan Perry	
14. NAME OF HUSBAND OR WIFE _____		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. _____	
17. INFORMANT'S SIGNATURE OR NAME Joplin Address Mrs Chas Shufeldt, 1116 Jackson		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. 18a. DATE OF OPERATION _____		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis of throat and Respiratory organs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage of Brain DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐ _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Dec 17, 1949 , to Dec 28, 1949 , that I last saw the deceased alive on Dec 25, 1949 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE John M. Douglas (Degree or title) M.D.		23b. ADDRESS 210 West 32nd Joplin Mo		23c. DATE SIGNED 12-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-1949		24c. NAME OF CEMETERY OR CREMATORY Yale	
24d. LOCATION (City, town, or county) (State) Yale, Oklahoma		24e. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary Joplin Mo.		24f. ADDRESS _____	
24g. DATE REC'D BY LOCAL REG. 12-30-49		24h. REGISTRAR'S SIGNATURE Ed S. James		24i. (Licensed Embalmer's Statement on Reverse Side)	

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

RECEIVED 1-3-50
Jasper County Health Office

County File Number 19-12-1011

Date Filed 1-11-50

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

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.