

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43962

FILED FEB 10 1950

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. 1030 | | REG. DIST. NO. 391 | | PRIMARY REG. DIST. NO. 6153 | | Registrar's No. 7 | |
| 1. PLACE OF DEATH a. COUNTY STODDARD | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STODDARD | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Pike) | | c. LENGTH OF STAY (In this place) 3 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Pike) | | 1030 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R. F. D. #1 PAINTON, MO. | | | | d. STREET ADDRESS (If rural, give location) R. F. D. #1 PAINTON, MO. | | | |
| 3. NAME OF DECEASED (Type or Print) SHIRLEY | | a. (First) SHIRLEY | | b. (Middle) LEE | | c. (Last) MACK | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | | 8. DATE OF BIRTH MAY 28 1946 | |
| 9. AGE (In years last birthday) 3 | | IF UNDER 1 YEAR Months 5 Days 15 | | IF UNDER 24 HRS. Hours Min. | | 4. DATE OF DEATH NOV. 13 1949 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME WOODROW W. MACK | | 13b. MOTHER'S MAIDEN NAME BARBARA STRANGE | | 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 WOODROW W. MACK | | ADDRESS PAINTON, MO. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. - It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asthma ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Choked to death while having an attack of Asthma. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH 2412 | |
| 19a. DATE OF OPERATION -- | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 103 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) Pike Twp. Stoddard, Mo. | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from -- , 19 -- , to -- , 19 -- , that I last saw the deceased alive on -- , 19 -- , and that death occurred at 6:45 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Gay W. Dancy Coroner 3 | | | | 23b. ADDRESS Dexter, Mo. | | 23c. DATE SIGNED 11-14-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL #1 | | 24b. DATE NOV. 15 1949 | | 24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY | | 24d. LOCATION (City, town, or county) (State) COMMERCE SCOTT CO. MO. | |
| DATE REC'D BY LOCAL REG. 1-20-1950 | | REGISTRAR'S SIGNATURE Bennett M... 360 | | 25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Smith | | ADDRESS Chey, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 7 1950
District Health Office No. 2
District File Number 250-97
Date Filed

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address *Oran, 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.