

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

965

State File No.

FILED JAN 17 1950

 BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>8 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		d. STREET ADDRESS (If rural, give location) <u>205 N. Windsor</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>205 N. Windsor</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>L.</u> c. (Last) <u>Shadwick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1950</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>Oct. 14, 1885</u>	9. AGE (In year last birthday) <u>64</u>	IF UNDER 1 YEAR Month <u>2</u> Day <u>19</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		11. BIRTHPLACE (State or foreign country) <u>Russellville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>John Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McMillian</u>		14. NAME OF HUSBAND OR WIFE <u>Boone Shadwick</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 ADDRESS <u>Boone Shadwick, Windsor, Missouri</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, asthma, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>42 7 2</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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>Jan 3, 1950</u> to <u>Jan 3, 1950</u> , that I last saw the deceased alive on <u>Jan 9, 1950</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. Russell D.M.D.</u>			23b. ADDRESS <u>Windsor</u>		23c. DATE SIGNED <u>1-5-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5-50</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner</u>		ADDRESS <u>Windsor, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1950

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1587

Date Filed 1-16-50

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Hindsor, Md

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.