

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5814

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>64 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		<u>0891</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 West Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>410 West Main St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>HENRIETTA</u> c. (Last) <u>SHOTWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>June 26, 1886</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>		IF UNDER 48 HRS. Hours <u> </u> Min. <u> </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 <u> </u>		11. BIRTHPLACE (State or foreign country) <u>Benton Harbor, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles B. Krieger</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta Scherer</u>		14. NAME OF HUSBAND OR WIFE <u>Charles B. Shotwell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Wilkinson, Richmond, Mo.</u>				ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right sided heart failure</u> 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>1 week</u> <u>2 weeks</u> <u>7824</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				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.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>					
22. I hereby certify that I attended the deceased from <u>Febr 9, 1950</u> , to <u>Febr 15, 1950</u> , that I last saw the deceased alive on <u>Febr 15, 1950</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. C. Johnson M.D.</u>				23b. ADDRESS <u>Richmond, Mo. 2/18/50</u>		23c. DATE SIGNED <u>2/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shotwell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>			
DATE REC'D BY REG. LOCAL <u>Feb 18-1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurmond Funeral Home</u>		ADDRESS <u>Richmond, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20

RECEIVED

District Health Officer No. P

District File Number

Date Filed 2-2-50

SEP 22 1950

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 William R. Thurman

Signed.....
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.