

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11872

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 4030 Registrar's No. 1

0060  
1

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

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Golden City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Golden City</b>	
c. LENGTH OF STAY (In this place) <b>5 years</b>		0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>IVA</b>		b. (Middle) <b>LEE</b>		c. (Last) <b>SHEETS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 2, 1950</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 28, 1915</b>		9. AGE (In years last birthday) <b>34</b>		IF UNDER 1 YEAR <b>4</b>	IF UNDER 24 HRS. <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife - Own home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (State or foreign country) <b>LaRussell, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>William L. Garner</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie Dunn</b>		14. NAME OF HUSBAND OR WIFE <b>Glen H. Sheets</b>	
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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) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Yes.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Glen H. Sheets, Golden City, Mo.</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>I was out working in garden - fell, and died immediately.</b>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>4201</b>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. E. Dierckel M.D. 200 corner Barton</b>		23b. ADDRESS <b>Raynor Mo.</b>		23c. DATE SIGNED <b>5-4-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 5, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jasper County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>May 5-1950</b>		REGISTRAR'S SIGNATURE <b>Hazel H. Pugh</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ULMER FUNERAL HOME, CARTHAGE, MO.</b>	
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RECEIVED MAY 10 1950  
District Health Office No. 6  
District File Number 550-521  
Date Filed 5-10-50

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed John S. Penney

Licensed Embalmer No. 4194

P. O. Address \_\_\_\_\_

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.