

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20897**

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY OR TOWN FREDERICKTOWN	c. LENGTH OF STAY (in this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN 0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 E. MINELAMOTTE		d. STREET ADDRESS (If rural, give location) 318 E. MINELAMOTTE	

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) CAROLINE	c. (Last) SHRUM	4. DATE OF DEATH (Month) (Day) (Year) JUNE 22, 1950
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow ✓	8. DATE OF BIRTH AUG. 19, 1895	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 Wks.
				74	10	3
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) Bollinger county, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME James Stone	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Jacob Shrum
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lester Shrum - Fredericktown, Mo.	ADDRESS Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. NEPHRITIS.	4252

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)	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 Feb 15, 1950, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE George W Johnson (Degree or title)	23b. ADDRESS Fredericktown	23c. DATE SIGNED June 23, 1950
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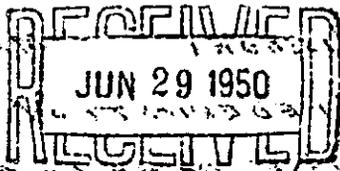
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6/24/50	24c. NAME OF CEMETERY OR CREMATORY Liberty cemetery	24d. LOCATION (City, town, or county) (State) Bollinger co. Mo.
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DATE REC'D BY LOCAL REG. 6-23-1950	REGISTRAR'S SIGNATURE Florence Nickerson	25. FUNERAL DIRECTOR'S SIGNATURE Webb - Adamson	ADDRESS Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FREDERICK TOWN, MD.



FILE NO. 620-6

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 L. Jean Adams

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.