No. 300
10.48

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27751

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5908 Registrar's No. 33

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holland rural
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Holland Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holland rural
d. STREET ADDRESS (If rural, give location): Holland Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Major
b. (Middle):
c. (Last): Shed

4. DATE OF DEATH (Month) (Day) (Year): 9-2-50

5. SEX: M
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-24-1891
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 5 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Neshoba Miss
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Daisy Shed

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: Daisy Shed — ADDRESS: Steele Mo Rt 1

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): Myocardial Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 wk.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 Aug, 1950, *to* 31 Aug, 1950, *that I last saw the deceased alive on* 31 Aug, 1950 *and that death occurred at* 11:2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Taylor, MD
23b. ADDRESS: Steele, Mo.
23c. DATE SIGNED: 4 Sept 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-6-50
24c. NAME OF CEMETERY OR CREMATORY: Gobler Cem
24d. LOCATION (City, town, or county) (State): Gobler Mo

DATE REC'D BY LOCAL REG.: 9-5-50
REGISTRAR'S SIGNATURE: L. L. Robinson 249
25. FUNERAL DIRECTOR'S SIGNATURE: Germon Undt Co — ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

950-239

SEP 08 REC'D

.. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

SEP 12 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.