

FILED FEB 28 1951

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7234

1020

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbina, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bethel, Mo.</b> <u>1020</u>	
c. LENGTH OF STAY (In this place) <b>2 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mason's Nursing Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>WESTER</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>2-9-1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-9-1863</b>
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>0</b>	IF UNDER 4 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Bethel, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Abraham Waibel</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Marquette</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alice Craigmyle, Shelbyville, Mo</b>
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) <b>Bronchial pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Failure</b> DUE TO (c) <b>Broken left hip</b> <b>8 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3, 902, 0</b>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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.) <b>Nursing Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Shelbina Shelby 102 Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 2 5:12 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell off side of bed.</b>	
22. I hereby certify that I attended the deceased from <b>Feb 7</b> , 1951, to <b>Feb 9</b> , 1951, that I last saw the deceased alive on <b>Feb 8</b> , 1951, and that death occurred at <b>1:55 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Howard U. Denton D.O.</b>		23b. ADDRESS <b>Bethel Mo</b>	23c. DATE SIGNED <b>Feb 14 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-11-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Prairie</b>	24d. LOCATION (City, town, or county) (State) <b>Bethel, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Feb 22-51</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barkelaw Hawkins, Shelbina, Mo.</b>	

Date Received: FEB 26 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-456  
Date Filed: FEB 26 1951

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.....

*W. H. Lewis*

Licensed Embalmer No. ....

*3495*

P. O. Address.....

*Allies 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.