

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 88

362

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

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write BURAL and give township) <u>Washington</u> | | c. CITY (If outside corporate limits, write BURAL and give township) <u>Maule</u> | |
| c. LENGTH OF STAY (in this place) <u>12</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A. Francis Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CELESTINE</u> c. (Last) <u>SHORES</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>10</u> <u>1951</u> |
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|----------------------|---------------------------------|--|-------------------------------------|--|--|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>3-7-1870</u> | 9. AGE (In years last birthday) <u>81</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Union Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. Ft.</u> |
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| 13a. FATHER'S NAME <u>James Calvin</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jefferson</u> | 14. NAME OF HUSBAND OR WIFE <u>James P. Shores</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify, or unknowns) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James P. Shores</u> | ADDRESS <u>Maule, Mo.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arterio Sclerotic Cardiovascular Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: <u>4221</u> | 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR: |

22. I hereby certify that I attended the deceased from June 1, 1949, to 6-10, 1951, that I last saw the deceased alive on 6-9, 1951, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>B. H. Stuhlman</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Union, Missouri</u> | 23c. DATE SIGNED <u>6-12-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u> | 24b. DATE <u>6-14-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery of Washington</u> | 24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u> |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 12, 1951</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles F. H. ...</u> | ADDRESS <u>Washington, Mo.</u> |
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RECEIVED
JUN 19 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 *M. W. Wilentz*

Licensed Embalmer No. *4511*

P. O. Address *Washington, Missouri*

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.