

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33262**
 Registrar's No. **881-A**

BIRTH NO. _____ **REG. DIST. NO.** 128 **PRIMARY REG. DIST. NO.** 2000

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE Missouri b. COUNTY LAWRENCE
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville
 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
 a. (First) Mila b. (Middle) _____ c. (Last) Shahan
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 14, 1951

5. SEX Female **6. COLOR OR RACE** White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 25, 1903 **9. AGE** (In years last birthday) 45
 If under 1 year: Months 10 Days 19 If under 2 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY HOUSE
11. BIRTHPLACE (State or foreign country) Blue Eye, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wm. Dodgen **13b. MOTHER'S MAIDEN NAME** Martha Jane Butler **14. NAME OF HUSBAND OR WIFE** Ela Shahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No
16. SOCIAL SECURITY NO. None **17. INFORMANT'S SIGNATURE OR NAME** Ela Shahan **ADDRESS** Marionville, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with Myocardial infarction
 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.

INTERVAL BETWEEN ONSET AND DEATH 6 days

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) _____ **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 13 Oct, 1951, to 14 Oct, 1951, that I last saw the deceased alive on 14 Oct, 1951, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley J. Peterson M.D. **23b. ADDRESS** Springfield, Mo. **23c. DATE SIGNED** 30 Oct 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Oct. 21, 1951 **24c. NAME OF CEMETERY OR CREMATORY** Blue Eye Cemetery **24d. LOCATION** (City, town, or county) (State) Blue Eye, Mo.

DATE REC'D BY LOCAL REG. 10-1-51 **REGISTRAR'S SIGNATURE** W.E. Handley M.D. **25. FUNERAL DIRECTOR'S SIGNATURE** R. L. Nelson **ADDRESS** Funeral Home, Berryville, Arkansas

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

03960

NOV 5 1951

MAY 12 1959

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 R. L. Nelson

Licensed Embalmer No. 2967

P. O. Address Berryville Ark

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.